June | 2014

CITY OF ST. LOUIS DEPARTMENT OF HEALTH

2014 – 2017 COMMUNITY HEALTH IMPROVEMENT PLAN

"It is both my mission and passion to ensure that St. Louis strives to be a great and prosperous city; one that is healthier, cleaner, safer, better educated, more open to diversity and more fun."

- Francis G. Slay
  Mayor, City of St. Louis

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City of St. Louis Department of Health

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Acknowledgements

The City of St. Louis' Department of Health would like to thank the efforts and hard work of Dr. Laverne Morrow Carter of Research, Evaluation, and Social Solutions, Inc. (REESSI) in creating the first draft of this Plan and conducting the initial partner engagement. The DOH would also like to thank the many City, County, regional, and state partners that spent significant time, effort, and resources to ensure that the strategies identified in this Community Health Improvement Plan were appropriate, evidence-based, and needed. Without the selfless dedication of all these individuals and organizations, the St. Louis City CHIP would not be the comprehensive plan it is today.

Forward

Comprehensive planning is a relatively new concept in public health but an extremely important one. Recognizing this, I have directed my staff to create a Community Health Improvement Plan (CHIP) – both for the purpose of accreditation through the Public Health Accreditation Board and for improving our City's health systems and residents' health.

Understanding the complex relationship between health, the environment, policy, and systems is necessary to understand where and how to intervene to improve our community's health and happiness. Through a rigorous engagement process in 2012 and followed up by supplemental engagement and data collection in 2013, the City of St. Louis' Department of Health has identified the most pressing health and health-related priorities for the next four years. My hope and expectation is that when we assess our progress in 2017, we will see a healthier, happier, and more productive City.

Finally, as with all things, our CHIP does not exist in isolation. The City of St. Louis also released its Sustainability Plan in 2013, of which a major component is to improve the health, well-being and safety for all residents and visitors. The City of St. Louis is also dedicated to reducing youth violence and released its Youth Violence Prevention Community Plan of which components are interwoven into the 2014 CHIP. And the State of Missouri has pursued its own strategic planning initiative, the State Health Improvement Plan, to which we align our own efforts when appropriate.

The City of St. Louis' Department of Health, under my direction, has begun implementing the strategies in this Plan in the spring of 2014 and will continue to implement, revise, and monitor these efforts through 2017 when a revised CHIP will be conducted and released. The Department, City, and all partners mentioned in the following pages are dedicated to improving the health of all City residents through the identified evidence-based strategies. I and my staff are dedicated to this Plan and this process and look forward to a healthier, happier, more sustainable St. Louis.

Pamela Rice Walker, MA, CPHA
Director of Health
City of St. Louis Department of Health

Updated 6/9/14

INTRODUCTION

CITY OF ST. LOUIS DEPARTMENT OF HEALTH

St. Louis, a charter city in the state of Missouri, is bordered by the Mississippi River on the east and St. Louis County on the north, south and west. The City of St. Louis is located in a metropolitan region of six counties with a population of 2.7 million and is a completely separate entity from St. Louis County. An area map of the city with Wards and ZIP codes is attached in **Appendix A**. The City is divided into 79 distinct neighborhoods. While these neighborhoods have no legal jurisdiction, the social and political influence of neighborhood identity is powerful in St. Louis.

The Institute of Medicine (2002) defines public health as what society does collectively to assure conditions for people to be healthy.[1] More specifically it is one of many efforts organized by a society to protect, promote and restore the people's health (Last, 1988).[2] Health is not merely the absence of disease but a complete state of physical, mental and social well-being (WHO, 1948).[3] The public health infrastructure, primarily consisting of federal, state and local government agencies, carries out the majority of public health activities in partnership with non-government agencies, coalitions and individuals. The City of St. Louis Department of Health is the local public health agency serving the City through its vision, mission and values. The Department of Health's vision is *a healthy St. Louis community every day, all of the time*. The organizational mission is *to assure a healthy community through continuous protection, prevention and promotion of the public's health.* Caring, qualified, culturally competent employees who are responsive and proactive to community needs support the achievement of this mission. The department was established in 1832 and has delivered outreach and prevention services to the City for 182 years–currently serving a population of 319,294. The City of St. Louis Department of Health is fully accredited at the comprehensive level, which is the highest granted by the state accrediting board–Missouri Institute of Community Health.

The CHIP process began in early 2012 with the identification and retention of a consultant (REESSI) who assembled existing epidemiological data and conducted supplemental focus groups with residents and partners resulting in a Community Health Assessment (CHA). The consultant then conducted in-depth meetings with a group of residents and a group of partners to explore the data compiled in the CHA to create this document, the Community Health Improvement Plan (CHIP).

In 2013, a full-time coordinator was brought on board to evaluate, revise, and implement the final CHIP objectives and strategies. The end result was a revised CHIP based on resident and partner feedback both in the construction of the initial objectives and the

final implementation plan based on the research literature, local priorities, and partner and departmental capacity.

CONTEXT FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

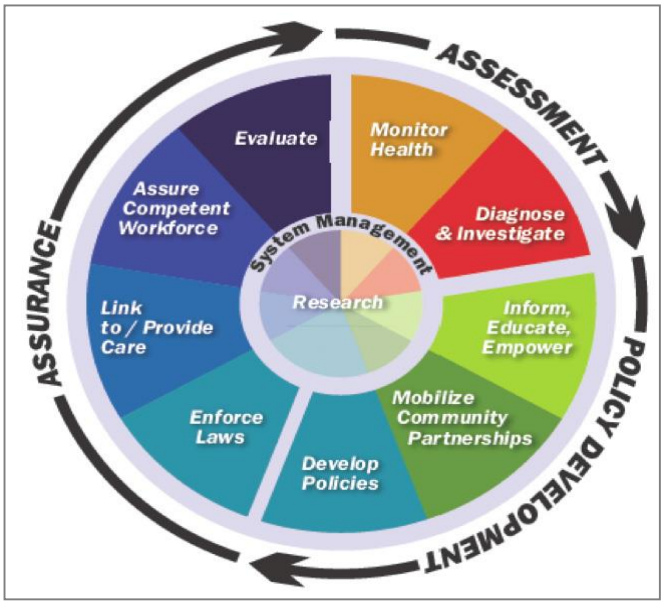

Figure 1 - Core Public Health Functions/Essential Services

After more than six years of exploration and investigation, the Centers for Disease Control and Prevention (CDC), in collaboration with the Robert Wood Johnson Foundation, is supporting a national voluntary accreditation program for public health agencies. The newly created non-profit Public Health Accreditation Board (PHAB) oversees the accreditation process. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the U.S. through national public health department accreditation. PHAB's vision is a high-performing governmental public health system that leads to a healthier nation. For a public health department to be accredited, it must meet stringent requirements for the 10 essential services of the core public health functions and demonstrate a commitment to constant improvement. The functions exclude Medicaid, mental health, substance abuse, primary care and human service programs. Thirty health departments have already tested the process of national accreditation and local officials were pleased with and support the outcomes. In July 2009 the PHAB Board approved a set 30 proposed standards and 102 proposed measures for local health departments.

Each measure can be classified as either capacity (something that is in place), process (something that must be done), or outcome (a change or lack of change resulting from an action or intervention). Two subtypes of outcomes are used: process outcome, in which the results of a process are tracked and health outcome, where the results may include health status information. In September 2011, the national accreditation process was launched and 97 health departments are at various stages in the accreditation system. The process involves 12 domains and the first ten domains address the ten Essential Public Health Services as shown in **Figure 1**. The services are part of the three core functions of public health–1) Assessment, 2) Assurance and 3) Policy Development.

Domain 11 addresses management and administration and Domain 12 addresses governance. Four out of the twelve domains lend themselves to the engagement of

external organizations and the community: Domain 1–Conduct and disseminate assessments focused on population health status and public health issues facing the community; Domain 3–Inform and educate about public health issues and functions; Domain 4–Engage with the community to identify and address health problems; and Domain 5–Develop public health policies and plans. The City of St. Louis Department of Health plans to seek national accreditation and initiated a joint effort involving a community health assessment (separate report, October 2012) and a process to develop a Community Health Improvement Plan (CHIP) in November 2011 that included receiving input and feedback from a cross section of residents in the City. From March–July 2012, the health department convened a select group of partners and citywide residents to construct a citywide health improvement plan as an agency responsibility under the ***Policy Development*** core public health function. The department engaged a research and evaluation consulting firm (REESSI) to facilitate the development of the plan.

PLANNING PROCESS

THEORETICAL FRAMEWORKS

Three theoretical models guided the planning process–1) Precede-Proceed[4], 2) Community Health Assessment and Group Evaluation (CHANGE)[5] and 3) Mobilizing Action through Planning and Partnership (MAPP)[6].

Precede-Proceed Model

- It is founded on the disciplines of epidemiology; the social, behavioral and educational sciences; and health administration.
- The goals are to explain health-related behaviors and environments and to design and evaluate the interventions needed to influence both the behaviors and the living conditions that influence them and their consequences.
- It has been applied, tested, studied, extended and verified in over 960 published studies and thousands of unpublished projects in community, school, clinical and workplace settings over the last decade.
- REESSI used this model to develop the North St. Louis Strategic Health Plan.

Community Health Assessment and Group Evaluation (CHANGE)

Community Health Assessment and Group Evaluation (CHANGE) is a data-collection tool and planning resource for community members who want to make their community a healthier one.

- The CDC's Healthy Communities Program designed the CHANGE tool for all communities interested in creating social and built environments that support healthy living.
- The purpose of CHANGE is to gather and organize data on community assets and potential areas for improvement prior to deciding on the critical issues to be addressed in a Community Action Plan.

Mobilizing for Action through Planning and Partnerships (MAPP)

- A strategic approach to community health improvement, this tool helps communities improve health and quality of life through community-wide community-driven strategic planning.
- Through MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking account their unique circumstances and needs forming effective partnerships for strategic action.
- MAPP focuses on strengthening the whole system rather than separate pieces, thus bringing together diverse interests to collaboratively determine the most effective way to conduct public health activities.
- This model was used in the St. Louis Department of Health STRYVE process. An illustration of the framework is presented in **Figure 2.**

Figure 2–MAPP FRAMEWORK

The MAPP framework was used as a *primary tool*, integrated with appropriate components of the other two models, to develop the City of St. Louis CHIP. For example, the partners chose to use the *Windshield Survey* assessment from the CHANGE model. Various elements such as the behavioral, environmental, education and ecological assessments were used from the Precede-Proceed model to guide the earlier planning meetings. The information in **Table 1** shows the elements of each model, how they are similar and how they are different.

Table 1–Side-by-Side Comparison of Theoretical Models

Phase/Step	PRECEDE-PROCEED	CHANGE	MAPP
Phase/Step 1	Social Diagnosis	Commitment	Organize for Success/Partnership Development
Phase/Step 2	Epidemiological, Behavioral, & Environmental Assessment	Assessment	Visioning
Phase/Step 3	Educational & Ecological Assessment	Planning	1. Community Themes & Strengths 2. Local Public Health System 3. Community Health Assessment 4. Forces of Change
Phase/Step 4	Administrative & Policy Diagnosis		Identify Strategic Issues
Phase/Step 5	Implementation	Implementation	Formulate Goals & Strategies
Phase/Step 6	Process Evaluation	Evaluation	The Action Cycle
Phase/Step 7	Impact Evaluation		Evaluation
Phase/Step 8	Outcome Evaluation		

GOALS, STRUCTURE AND PARTICIPANTS

The overarching goal of the CHIP planning process was *to engage both partners and residents in an intensive and efficacious set of activities that led to learning, the identification of key health issues in the City of St. Louis and the construction of strategies for positive change.* The planning structure involved a group of health department partners who met twice a month and a cohort of citywide residents who met once a month to respond to and approve the work of the partners. According to the partners and residents, the process was innovative and dynamic. Partners were always conscious of how the residents would receive their work and outcomes and the residents consistently expressed appreciation that they were being heard and that their opinions mattered. The REESSI staff planned and facilitated the meetings.

The partners' CHIP work group consisted of 24 representatives from a diverse set of organizations that included educational institutions, regional coalitions, service providers, government agencies and businesses. Two City Aldermen were part of the group. Each representative submitted a Memorandum of Agreement, making commitments to attend at least eight hours of planning meetings per month from April–July, 2012. A list of the members of the CHIP work group is attached in **Appendix B.** During the orientation meeting for the work group, REESSI conducted an audience response assessment to determine the demographics, talents and interests of the

group. The full results and profile of the CHIP work group are attached in **Appendix C**, however a snapshot of the results from the 20 respondents reveals the following:

- 90% of the organizations are based in the City of St. Louis.
- 50% of the organizations have been in existence for 50 years or more.
- 70% of the organizations serve more than 1000 City residents per year.
- 68% of the organizations have engaged in prior work with the health department.
- 70% of the organizations expressed a willingness to engage in the CHIP process.

The residents' group consisted of 22 individuals from a diverse set of neighborhoods and communities in the City of St. Louis. They all were participants in the focus groups (Total N=89) for the Community Health Assessment and agreed to be part of the health department's *Residents Advisory Group*. A list of members of the Residents Advisory Group is attached in **Appendix D.**

PLANNING ACTIVITIES

The planning activities consisted of seven four-hour meetings with the partners and four two-hour meetings with the residents. A meeting schedule with the dates, locations and content of the meetings was provided to both groups in advance. A schedule of the meeting and process is attached in **Appendix E.**

Partners Meetings

The information in **Table 2** shows the meetings for the partners, the content of the meeting and the outcomes of each meeting. During the first meeting in April, the REESSI team divided the CHIP work group members into four small groups (known as Microgroups) and each selected a facilitator. Two meetings were held monthly from April-June 2012. One final meeting was held in July 2012 to accommodate summer vacation plans and schedules. At the onset of each meeting, the REESSI Project Director presented background information and contextual frameworks. Most of the time in each meeting was dedicated to small group work involving structured activities using customized worksheets. The health department staff is in possession of the electronic and hard copies of more than 11 worksheets that were used to guide the CHIP process with the partners.

Table 2–Partners CHIP Meetings and Outcomes

Dates	Topics	Purpose	Outcomes
Orientation Meeting 3/27/2012	Partner Orientation	To introduce the CHIP process and secure support.	24 individuals from multiple sectors and organizations agreed to be part of the CHIP process
Meeting 1 4/12/2012	Partner Skill-Building and Visioning	To offer background knowledge and establish expectations.	➢ Small groups assigned ➢ Ideas about vision
Meeting 2 4/17/2012	Vision and Values	To draft a vision statement and an initial list of values.	Vision statement adopted
Meeting 3 5/10/2012	Final Values and Community Themes and Strengths	To complete values and assess the community themes and strengths.	➢ Values statements adopted ➢ Community Themes Developed
Meeting 4 5/15/2012	Windshield Survey Tour of St. Louis City	To tour the City and assess both threats and assets.	Greater understanding of the City, its people, the threats and the assets
Meeting 5 6/14/2012	Community Assets; Forces of Change; and Priority Issues	To use prior data, information and discussions to identify priority issues.	Priority Issues were identified in the context of assets and forces of change.
Meeting 6 6/19/2012	Establish Goals and Objectives	To use the Precede-Proceed elements to establish goals and objectives that are linked to the issues.	Goals and objectives were established for each issue.
Meeting 7 7/12/2012	Strategies linked to the Goals and Objectives	To use the background information and link strategies to the approved goals and objectives.	Strategies were linked to each issue and its respective goals and objectives.

The goals, objectives and agenda for each the meetings, along with primary outcomes documents are presented in **Appendix F.**

Residents Meetings

The information in **Table 3** shows the meetings for the residents, the content of the meetings and the outcomes of each meeting. One meeting was held monthly from March–July 2012 with the Residents Advisory Group. The primary tasks of the group were to review, approve, or disapprove the products and outcomes of the Partners CHIP work group. This group was highly committed and at each meeting seriously and diligently approached their assignments. At the request of the residents, guest speakers on health topics were added to the latter meetings.

Table 3–Residents CHIP Meetings and Outcomes

Dates	Topics	Purpose	Outcomes
Orientation Meeting 3/27/2012	Residents Orientation	To introduce the CHIP process, secure support and share the results of the focus groups.	22 individuals from across the City agreed to be part of the CHIP process.

Meeting 1 4/18/2012	Visioning	To offer background knowledge on Visioning and to get feedback on the Visioning outcomes.	The residents approved the Vision statement
Meeting 2 4/16/2012	Values and Issue Themes	To offer background knowledge on Values and to get feedback on the Values outcomes. To get residents' input on the priority issues.	The residents adapted and approved the Values outcomes. The residents presented a list of priority issues based on the data and focus groups outcomes.
Meeting 3 6/20/2012	Health Issues, Goals and Objectives	To offer background knowledge on Health Issues, Goals and Objectives and to get feedback on Partners' issues and goals.	The residents rejected the list of priority issues
Meeting 4 7/16/2012	Final Health Issues, Goals, Objectives and Strategies	To present the final set of Issues, Goals, Objectives and Strategies for approval.	The residents commended the Partners and approved the final set of Goals, Objectives and Strategies.

The goals, objectives and agenda for each the meetings are presented in **Appendix G.**

KEY OUTCOMES

THE VISIONING STATEMENT FOR STAKEHOLDERS

The partners and residents developed and approved a final vision statement, mission and values for citywide implementation actions. They hope for an organized set of efforts that involve advocates and champions from multiple sectors who work to assure that St. Louis becomes healthier, with improved health, social and economic indicators.

A final vision statement was approved on April 18, 2012:
St. Louis, the city where healthy living matters.

On April 18, 2012, both groups approved the name for a citywide campaign to educate and engage all stakeholders in the pursuit of the vision;
"St. Lou, Healthy U"

On May 10, 2012, a final mission statement for the activities was approved:
To assure that all residents have physical, mental, social and financial well-being.

On May 10, 2012 the final set of value statements to guide implementation of strategies and activities was approved:

Stakeholders include City leaders, the health department and its partners, service providers and City residents. As stakeholders, we believe and are committed to:

- **Leadership**
  Stakeholders demonstrate commitment through identification, initiation and guidance of activities that effectively respond to health issues and disparities.

- **Communication**
  Stakeholders value and demonstrate open and diverse communication paths.

- **Inclusion and Diversity**
  Stakeholders value the involvement of diverse groups of residents, providers and other advocates to achieve the vision and mission.

- **Collaborative Activities**
  Stakeholders recognize that collaboration is essential to bring positive changes and encourage united efforts, but we also support organizational freedom, individuality and respect.

- **Accountability and Integrity**
  Stakeholders believe that all organizations and consumers are mutually committed to each other with demonstrated integrity and honesty.

- **Excellence and Quality**
  Stakeholders are committed to the proactive delivery of quality services and support to residents. The delivery will focus on respect, customer service and continuous improvement.

- **Recognition and Respect**
  Stakeholders understand that the success of activities to improve the health of St. Louis' residents and communities requires the commitment of many individuals and organizations. We respect and recognize both service providers and consumers.

- **Safe and Secure**
  Stakeholders will support responsible and nondiscriminatory actions that lead to a safe and secure environment.

- **Efficient and Effective Education System**
  Stakeholders support a quality school system that responds to the present and anticipates the future needs of residents.

- **Economic and Job Creation**

Stakeholders value the economic viability of St. Louis and are committed to the creation of job opportunities.

- **Accessible and Affordable Health Services**
  Stakeholders recognize the challenges many residents face and will continuously seek new strategies to make health services equally accessible and affordable for all.

CHRONIC DISEASE MORTALITY

Issue Overview

The work group and residents identified three types of mortality to address– (Cardiovascular Disease, Cancer, and Diabetes). In the United States, chronic disease is the leading cause of health care costs (three-quarters of our health care costs go to the treatment of chronic diseases[7]) and mortality (7 out of 10 deaths in the US are from chronic diseases[8]) and the situation is similar in Missouri and St. Louis. The three leading causes of death in the City of St. Louis from 2006-2008 were heart disease, cancer, and cerebrovascular disease (most often caused by hypertension)[9]. Heart disease and cancer alone accounted for over 40% of deaths in the City in the same time period.

The major modifiable risk factors for chronic diseases are well defined: lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption[10]. Those four risk factors, in conjunction with the non-modifiable risk factors of age and heredity, explain the majority of new events of heart disease, stroke, chronic respiratory diseases and some important cancers.[11]

There are also groups more at risk for specific chronic diseases. The poor are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services. Racial and ethnic minorities also have higher levels of prevalence for various chronic disease. Non-Hispanic blacks have the highest rate of obesity (44.1%), followed by Mexican Americans (39.3%)[12]. Diabetes is another chronic disease burden that is carried disproportionately by ethnic and racial minorities: diagnosis of diabetes is 18% higher among Asian Americans, 66% higher among Hispanics/Latinos, and 77% higher among non-Hispanic blacks[13].

During the planning process, the CHIP work group developed four initial objectives and related strategies to respond to this issue area. The first strategy will involve the implement of the City's Obesity Plan (APPENDIX H). The majority of the Plan's tactics, activities, and evaluation will be conduct through the HEAL (Healthy Eating, Active Living) Partnership – a collective of partners working in the City of St. Louis to reduce obesity and obesity-related risk factors. The HEAL Partnership is organized into five distinct Work Groups:

1) Active Living – supporting physical activity through programs, advocacy, and environment, policy, and system change.
2) Healthy Eating – focused on improving access to healthy eating opportunities for all City residents through education, advocacy, and environment, policy, and system change.
3) Healthcare Access – partners engaged in increasing access and use of preventative care by residents, specifically preventative care designed to reduce

obesity and support individuals with obesity-related health issues (e.g. hypertension, diabetes).

4) Social Marketing – provide support to the Department of Health's JumpN2Shape initiative as well as providing technical support to other Work Groups around how best to market interventions and change behavior through media/marketing.
5) Data and Evaluation – responsible for the overall monitoring and evaluation of the Obesity Plan as well as technical assistance to the other Work Groups around identifying best practices and monitoring implementation of interventions.

The second strategy is designed to ensure equitable access to health screenings across the City and across all racial/ethnic populations. Currently, a variety of healthcare, nongovernmental, and charity groups do screenings for several different cancers in different areas of the City of St. Louis. The frequency, location, and type of screenings, however, are not centrally collected or analyzed and as such, are likely inefficiently or inequitably distributed throughout the City. In order to reduce cancer mortality – currently higher than mortality rates in both Missouri and United States – early detection and treatment is paramount. Specifically, through the cataloguing of current detection efforts and subsequent collaboration with partners to be more intentional about screenings in an equitable fashion, the City will work to meet Healthy People 2020 goals for colorectal, breast, and prostate cancer screening.[14]

The third strategy is the continued support and implementation of tobacco control efforts. Specifically, the expansion of a successful model in the City of tobacco cessation campaigns at health centers – places where residents can receive both the support, education, and medication to stop using tobacco products. The Department of Health will also continue to monitor and advocate the phasing out of all smoking ban exemptions in the City of St. Louis by 2016.

Objectives and Strategies

Table 4–Mortality Objectives 1-2 and Related Strategies

Issue	Chronic Disease Mortality				
Goal	To reduce the mortality rate from cancer, diabetes, and cardiovascular disease.				
Program Objectives		**Strategy 1**	**Strategy 2**	**Measures**	**Target**
Objective 1	Develop, implement, and support an obesity reduction partnership	Convene HEAL (healthy eating, active living) Partnership	Implement social media campaign (JumpN2Shape) to encourage City residents to engage in physical activity & improve nutrition	1. Documented HEAL Partnership meetings. 2. Documented monthly Work Group meetings. 3. Number of residents who have joined JumpN2Shape website 4. Number of residents logging information on JumpN2Shape website	1. Four HEAL Partnership by 3/1/15 2. Twelve Work Group Meetings by 5/1/15 3. 1,000 registered residents on JumpN2Shape by 10/31/14 3. 250 residents logging information on a monthly basis by 10/31/14
Objective 2	Ensure the equitable distribution of cancer screenings throughout the City of St. Louis to increase overall cancer screening rates	Identify all regular (e.g., annual, monthly, or weekly) colorectal, breast, and prostate cancer screening locations and events by: 1) Location 2) Cost 3) Frequency 4) Type of screening	Support the expansion of cancer screening efforts into areas identified in Strategy 1 .	1. Proportion of individuals receiving colorectal, breast, and prostate cancer. 2. Monitor ethnic/racial rates of cancer screenings	1a. 70.5% of residents receiving colorectal screenings 1b. 81.1% of female residents received colorectal screenings 1c. 15.9% of male residents received advantages and disadvantages of PSA test

Table 5–Mortality Objectives 3 and Related Strategies

Issue	Chronic Disease Mortality				
Program Goal	To reduce the mortality rate from cancer, diabetes, and cardiovascular disease.				
Program Objectives		**Strategy 1**	**Strategy 2**	**Measures**	**Target**
Objective 3	Reduce smoking prevalence in the City of St. Louis	Expand availability of smoking cessation programs at health care centers (i.e., FQHCs, Hospitals, Urgent Cares)	Support and advocate for the planned removal of smoking ban exemptions in the City of St. Louis	1. Number of new smoking cessation classes 2. Number of media impressions of smoking prevention and control messages (e.g., media at bus stops, letters to the editor, radio spots)	1. At least one new smoking cessation program at each identified health care center by 1/1/2016 2. All smoking ban exemptions in the City expired by 1/1/2016 3. Reduce adult smoking rates in the City to 25% by 6/1/2017

EDUCATION AND PIPELINE TO SUCCESS

Issue Overview

The positive association between education and health is well established. Persons who are well-educated report higher levels of health and physical functions, while individuals with lower educational attainment experience higher rates of infectious diseases, self-reported poor health and shorter life expectancy.[15] [16]

In the State of Missouri, for the past decade, the Annual Performance Report for school districts has been part of the Missouri School Improvement Program (MSIP), which began 20 years ago and is the foundation of the state's accreditation process for schools. It provides a practical tool for boards of education, school administrators and staff to identify strengths and needs in their school districts and to focus their efforts on improving instruction. To be fully accredited, a K-12 school district must meet at least nine of the 14 accreditation standards for academic performance. To be provisionally accredited, schools must meet at least six of which at least one must be a standard measured by the Missouri Assessment Program. A district that meets five or fewer standards may be classified as unaccredited by the State Board of Education when the district comes up for review. A K-8 school district must meet at least five of seven standards to be fully accredited.

The Missouri State Board of Education in March 2007 took over the City schools, which had lost accreditation.[17] In 2006, there was a 55 percent graduation rate; 19 percent of students dropped out; and cumulative debt had reached $25 million.[18] A transitional school board was appointed to run the District for at least six years and since 2003, the District has had seven superintendents.

During the Community Health Assessment's focus groups in February, 2012, residents stated that a successful public school system was key in preventing several poor outcomes: families leaving the City public school system for other districts and private schools, high dropout, and low academic attainment:

> *...We can't attract anyone with, with kids because of the school system. And even the parochial system is getting tighter because more people are moving out for that reason and we're just losing people.*
> **City of St. Louis Resident, February 20, 2012 Focus Group**

> *And unfortunately that dropout rate is what's keeping St. Louis, one of the things that's keeping St. Louis Public Schools from becoming accredited, which means we get more tax money, which means we can hire more teachers, which means we can work with more students at risk.*
> **City of St. Louis Resident, February 16, 2012 Focus Group**

> *Education is the key to me. But the solution to that is not only education. [It is]…for us to, to be all we can be, we stay in school and be all we can be.*
> **City of St. Louis Resident, February 20, 2012 Focus Group**

After reviewing the state of education in the City of St. Louis, three groups were identified as having the potential to make the greatest impact on education through their current efforts, expertise, and experience working on education in St. Louis. For the youngest children, the St. Louis Regional Early Childhood Council – made up organizations such as Head Start, SLPS, and other child-serving institutions – focuses on addressing the "full range of early childhood needs for all St. Louis area children."[19] For school-aged students in public schools, the St. Louis Public Schools Foundation works to support collaboration and innovation in the SLPS system. Finally, for older youth, the St. Louis Graduates organization works to "to increase the proportion of low-income students in the St. Louis region who earn a postsecondary degree."[20] This group, a network of youth-serving college and vocational access organizations, provides support to youth in seeking postsecondary degrees or vocational training as well as helping to reduce drop-off during the "summer melt" – when students, after graduation, do not follow-through with their plans to enroll in a vocational or postsecondary program.

Because of the strong, robust, and experienced nature of these groups, the Department of Health will not engage in specific interventions in improving education. However, through the biannual Understanding Our Needs report, the City will continue to monitor educational attainment and take further steps if educational outcomes do not continue to improve.

YOUTH VIOLENCE

Issue Overview

The Centers for Disease Control and Prevention (CDC) considers violence to be one of the most serious health threats facing the nation today, jeopardizing the public's health and safety. It is a leading cause of injury, disability and premature death and disproportionately affects youths between the ages of 10 and 24 in the United States, particularly young people of color. Homicide is the second leading cause of death in this age group.

Homicide is not the only type of violence experienced and perpetuated by young people. Other violent and delinquent acts such as sexual assault, robbery, assault, fighting, bullying, and verbal abuse are both key symptoms and causes of violent behavior among young people. In 2010, 738,000 youth were treated by emergency departments for assault-related behavior.[21]

Youth violence's impact extends far beyond the immediate physical harm caused to victims and/or perpetrators. Entire neighborhoods, communities, municipalities and regions are impacted by violence. Healthcare costs, safety, social services, and even property values are disrupted by youth violence The CDC estimates that as much of $14 billion is lost each year due to medically treated youth violence.[22] And in 2007 the CDC estimated that the cost of violence in the United States exceeds $70 billion every year.[23]

St. Louis' rates of violence is far higher than most other places in the United States – ranking 9th in the nation for number of youth murdered with guns in 2012. With 50 youth gunshot deaths for every 100,000 people – a rate more than three times the national average of 15 deaths per 100,000 – the relative social, financial, and physical burden in St. Louis' metropolitan area for violence is amongst the highest in the nation.[24]

Public Health & Youth Violence

In order to reduce youth violence and the many social, physical, and financial ills it brings to communities, the CDC has made violence prevention a priority focus. In 1979, the Surgeon General's Report stated that "the health community cannot ignore the consequences of violent behavior in efforts to improve health."[25] Over the past several decades, the CDC has collected data on the prevalence of youth violence, assessed factors that increase risk and factors that protect youth, evaluated programs and strategies, and supported the adoption of evidence-based programs and practices throughout the United States.

Building on the successes that public health has had in preventing injury and death in such areas as obesity prevention, smoking cessation, and vehicle

accidents, the CDC has identified the needed strategies for reducing youth violence. Specifically, a comprehensive prevention strategy that addresses the complex factors that lead to violence among youth in communities. This strategy must address and promote: "(1) skills youths need to avoid violence, (2) supportive relationships for youths, (3) health and safety of the communities in which they live."[26]

In 2013 the St. Louis Regional Youth Violence Prevention Task Force concurred, identifying prevention as one of its core PIER strategies: (p)revention, (i)ntervention, (e)nforcement, and (r)e-entry (Appendix J). Public health expertise, strategies, data collection and evaluation tools are a central component in ensuring that youth violence is prevented and – when higher risks for violence are identified – are intervened with in a professional, evidence-based manner.

Department of Health's Role

Mayor Francis Slay has instructed the City's Department of Health (DOH) to continue to support the prevention and intervention work of the St. Louis Regional Youth Violence Prevention (YVP) Task Force through its core public health functions of assessment (i.e., monitoring, diagnosing, and investigating), policy development (i.e., educating, mobilizing, and developing policies and plans), and assurance (i.e., enforcement, linking, and evaluating).

Proposed DOH activities include:

Assessment

1. Track child and teen fatal and non-fatal violence-linked injuries on a regular basis and share data with appropriate agencies;

2. Create an asset map for the YVP Community Plan work currently happening in the City of St. Louis;

3. Create a network analysis to identify connections between YVP resources, opportunities for alignment, investment, and divestment;

4. Serve on the child mortality review panel and co-chair a Maternal Child and Family Health Coalition initiative to eliminate infant mortality;

5. Initiate the development of a Community Safety Scorecard that increases understanding of the causes, conditions and consequences of youth crime and violence;

Policy Development

6. Actively participate with CDC to continue to identify and implement evidence-based prevention and intervention strategies;

7. Develop an appropriate violence prevention public health social marketing campaign;

8. Identify project champions to carry forward the YVP plan priorities and strategies;

9. Meet with potential project managers and key project stakeholders to establish roles and responsibilities;

Assurance

10. Link programs that incorporate violence prevention strategies and goals into all City and partner program activities and outcome measures;

11. Evaluate progress on the YVP Plan to date based on asset map, network analysis, and other data collection activities;

12. Seek supplemental funding to carry out above goals.

Next Steps

The DOH will lead the creation of a partnership comprised of participants in the Mayor's Youth Violence Prevention Plan. This partnership will be comprised of work groups, organized conceptually around specific cross-cutting themes, as well as supportive groups that provide expertise in areas of social marketing, data, and evaluation. Other partners will be included as identified in order to have a comprehensive cross-section of effective organizations in St. Louis working on primary and secondary prevention of youth violence as well as developing and implementing evidence-based or novel interventions designed to reduce violence by youth (an initial service provide, gap analysis, and network analysis can be found in Appendix J). Each work group will create action-oriented work plans to begin identifying and implementing the relevant evidence-based tactics and activities selected by partners.

DOH will follow the CDC process (see Appendix I) which includes:

1. Identifying additional risk and protective factors, and then
2. Develop, test, and assess existing prevention/intervention strategies.

Throughout all this, the CDC will provide the DOH with support. The CDC has contracted with American Research Institute (AIR) - one of the world's largest behavioral and social sciences research and evaluation organizations – to provide technical assistance to cities and local governments grappling with high

rates of violence, including the City of St. Louis. The DOH will work with the AIR technical assistance providers to bring credibility and validation to the prevention and interventions strategies identified and implemented by partners and City agencies to reduce youth violence.

DOH will regularly present progress back to the Mayor and the YVP Task Force in order to gain support from key stakeholders, partners, and the wider community. These reports will include membership, work plans and revisions, and benchmarks and objectives achieved. As objectives are achieved and progress is made, the partnership, DOH, and key City departmental partners will pursue supplemental funding to increase the impact of this work in the City of St. Louis.

Objectives and Strategies

Table 10–Youth Violence Prevention Objectives 1-4 and Related Strategies

Issue	**Youth Violence Prevention**				
Program Goal	Develop, implement, and monitor youth violence prevention activities throughout the City of St. Louis				
Program Objectives		**Strategy 1**	**Strategy 2**	**Measures**	**Target**
Objective 1	Develop Community Safety Scorecard	Identify key indicators for youth violence (e.g., crime, dropout)	Collect data on key indicators from Strategy 1	1. Identified list of indicators 2. Data collected for each indicator	1. Publish first scorecard on City's website by 12/1/15
Objective 2	Develop Youth Violence Prevention Partnership	Convene partners regularly to implement youth violence prevention (YVP) plan.	Link existing YVP efforts with related, City-run programs and initiatives	1. Number of YVP Partnership meetings 2. Number of identified City initiatives linked to Plan	1. Six meetings of partnership by 6/1/15
Objective 3	Align assets (e.g., services) and needs (e.g., crime rates) by geography	Develop asset map for City of St. Louis	Develop need map for City of St. Louis	1. Completed asset map 2. Completed need map	1. Document listing all assets and needs by 12/31/14
Objective 4	Develop and identify universal, measurable outcomes for assets	Survey partners to identify current outcome measures	Develop consensus among partners of universal measurable outcomes	1. Completed partner survey 2. Identified list of universal measurable outcomes	1. Documented consensus by partner group on measurable outcomes by 12/31/14

SEXUAL AND REPRODUCTIVE HEALTH

Issue Overview

HIV/AIDS and Sexually Transmitted Diseases

The HIV/AIDS epidemic is not evenly distributed across states and regions in the United States.[27] Generally, HIV and AIDS are concentrated in urban areas, leading states with higher concentrations of urban areas to report higher rates of persons living with a diagnosis of HIV infection or AIDS. At the end of 2009, the rate of persons living with an AIDS diagnosis was highest in the Northeast, followed by the South, the West and the Midwest. In 2010, blacks accounted for the largest proportion of AIDS diagnoses in all regions except the West, where whites accounted for the highest proportion of diagnoses. STDs are one of the most critical health challenges facing the nation today. CDC estimates that there are 19 million new infections every year in the United States that cost the U.S. health care system $17 billion every year—and the costs to individuals are even greater when lifelong outcomes are considered. Young people (aged 13–29) represent 25 percent of the sexually experienced population in the United States, but account for nearly 50 percent of new STDs, which affect people of all races, ages and sexual orientations.[28] When individual risk behaviors are combined with environmental barriers, health literacy, information access and inadequate STD prevention services, the risk of infection increases. For example, African Americans and Latinos sometimes face barriers that contribute to increased rates of STDs and are more affected by these diseases than whites.[29]

HIV prevalence is higher than average in the City of St. Louis according to the biannual Understanding Our Needs – there were 900.2 infections per 100,000 of the population in 2010, compared to 181.4 in Missouri and 469.4 in the United States during the same time period. Incidence – or new diagnoses – is also high, with the City counting 27.7 new cases per 100,000 population over 2006-2009 compared to 7.0 in Missouri and 16.7 in the United States during the same time. And STD rates, again documented in Understanding Our Needs, are similarly high in the City of St. Louis (2006-2010 average):

	Cases / 100,000 Population		
	City	Missouri	U.S.
Syphilis	14.0	3.2	3.8
Gonorrhea	588.4	141.9	112.4
Chlamydia	1272.5	417.4	369.7

The Department of Health's trained investigators conduct disease intervention activities in the City of St. Louis which includes notifying individuals of their exposure or diagnosis of Chlamydia, Gonorrhea and HIV and referrals for

patients for prompt examination, testing and treatment. When necessary, investigators also provide testing in the field to prevent and control the spread of STDs/HIV in the City. Currently, Missouri State Department of Health and Senior Services is responsible for Syphilis case investigations state-wide. While DOH offers a strong program in STD prevention and control, due to limited resources, DOH works with their network of providers in the City to bolster education, STD testing, and other treatment and care services to at risk populations: Men who have sex with Men (MSM), & Black Hetero Sexual Females and Males (HRH).

There are several organizations that have been providing screenings and providing education around STDs to at risk populations including Project Ark, Williams and Associates and St. Louis Effort for AIDS for several years. Safety net clinics such as Planned Parenthood and Casa de Salud reach a large number of individuals to provide screenings and treatment services to at-risk populations in the City and region. Federally Qualified Health Centers (FQHC) and private providers have also played an important role in testing and treatment for STDs.

Infant Mortality

According to the CDC, infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions and public health practices. During the 20th century, the infant mortality rate in the United States slowly declined, but the rates from 2000–2005 have caused concern among researchers and policy makers. The United States' international ranking fell from 12th in 1960 to 23rd in 1990and to 29th in 2004.[30] The most recent statistics from 2007 show that the U.S. rate of almost seven deaths per 1,000 live births ranked the U.S. behind most of the other developed countries. Although the overall rates have been slowly declining since 2000, an enormous gap between whites and blacks persists. American women who are most likely to lose their babies are non-Hispanic black women, with a rate that is almost 2.4 times than that for non-Hispanic white women.[31] Many of the racial and ethnic differences in infant mortality are without explanation.[32]

During the planning process, the CHIP work group developed three objectives and related strategies to respond to this issue area. After consultation with partners and experts, it was reduced to one objective with two strategies. Specifically, to collaborate more effectively with the Fetal Infant Mortality Review, facilitated and convened by the Maternal, Child, and Family Health Coalition. This group "examines the social, economic, cultural, safety and health system factors associated with fetal and infant deaths through case review. FIMR findings are used to develop interventions that improve access to quality care and services."[33] The Department will also develop and implement a smoking cessation campaign targeted at pregnant women and mothers in order to reduce children – and their families – to the deleterious effects of smoking.

Finally, the Director of the City's DOH and the Director of St. Louis County's DOH will co-chair a regional infant mortality prevention leadership council. This council, funded by the Missouri Foundation for Health and staffed by the Maternal, Child, and Family Health Coalition (MFHC) will develop a regional infant mortality prevention framework by the end of 2014. This framework will help guide the above strategies as well as partners' efforts to reduce infant mortality in the greater St. Louis area.

Objectives and Strategies

Table 10–Sexual and Reproductive Health Objectives 1-4 and Related Strategies

Issue	**Sexual and Reproductive Health**				
Program Goal	Reduce STI/HIV incidence and infant mortality.				
Program Objectives		**Strategy 1**	**Strategy 2**	**Measures**	**Target**
Objective 1	Reduce STD/HIV incidence through improved screenings and presumptive treatment	Increase availability of appropriate screenings for at risk populations (e.g., pharyngeal and rectal screenings)	Improve provider (private, FQHC, ER) education on screenings, treatment, EPT, and reporting process	1. Number of providers reporting increased pharyngeal/rectal screenings 2. Number of providers trained on screening, EPT, and STD/HIV reporting	1. 10 providers trained by 6/1/15 2. 20 providers trained by 12/31/15
Objective 2	Reduce STD/HIV incidence through improved outreach efforts	Increase screenings for HIV in "Hot Spots" identified by EPI Data / Mapping and link new positives to care	Identify alternative sites for condom distribution in "Hot Spots" identified by EPI Data / Mapping	1. Completed analysis of health centers for at risk populations in "Hot Spots" 1. Number of screenings conducted in "Hot Spots" by health centers and DOH staff 2. Number of condom packets taken during intake or visit?	1. Completed analysis presented in report to Communicable Disease Bureau Chief by 12/31/14 2. 10 screening events conducted at each "Hot Spot" by 12/31/15
Objective 3	Reduce STD/HIV incidence through improved marketing strategies	Identify reasons that residents are currently seeking testing services	Develop marketing campaign and promote through social media based on Strategy 1	1. Through screenings at "funded sites" track reason for testing (e.g., symptoms, partner, DOH, Social Media)	1. Disseminate testing reasons to partners by 9/1/15. 2. Collaborate with partners to develop new

					marketing strategy by 12/31/15.
Objective 4	Reduce infant mortality through improved preconception and prenatal health	Support and collaborate with Fetal Infant Mortality Review (FIMR)	Develop and implement smoking cessation campaign for pregnant women and mothers	1. Number of FIMR sessions attended 2. Number of FIMR projects/initiatives with DOH assistance 2. Number of media impressions	1. Attend 90% of all FIMR sessions by 1/1/16 2. Assist with at least 1 FMIR project/initiative by 3/31/15 3. Track media impressions/resident engagement in campaign (dependent on type of campaign)
Objective 4	Reduce infant mortality through improved preconception and prenatal health	**Strategy 3** Co-chair regional infant mortality prevention leadership council		1. Number of council meetings attended	1. Attend 90% of all council meetings by 6/1/15

SUBSTANCE ABUSE AND ADDICTION

Issue Overview

Drugs have been a major part of the U.S. culture since the middle of the 1900's. In the United States, results from the 2007 National Survey on Drug Use and Health showed that 19.9 million Americans (or 8% of the population aged 12 or older) used illegal drugs in the month prior to the survey.[34] The most commonly used and abused drug in the U.S. is alcohol. Alcohol-related motor accidents are the second leading cause of teen death in the United States. The most commonly used illegal drug is marijuana. Young people today are exposed earlier than ever to drugs. Based on a survey by the CDC in 2011, 71% of high school students nationwide had had at least one drink of alcohol on at least 1 day during their life (i.e., ever drank alcohol) and nationwide, 40% of students had used marijuana one or more times during their life (i.e., ever used marijuana).[35]

Unfortunately, there is very little data available at the local level around substance abuse and addiction for the City of St. Louis. The CDC reports that in 2011, 13.1% of City residents considered themselves to be "Heavy drinkers." For men that meant having more than 2 drinks per day and for women having more than 1 drink per day. However, that does not necessarily mean they have alcohol addiction problems – but it is the best adult data that exists. For youth in grades 9-12, the Youth Risk Behavior Survey reports that 25.3% of youth in Missouri in 2009 consumed five or more drinks in a row within a couple of hours on at least one day.[36] For youth, 34.9% had used marijuana, 5.0% had used cocaine, 10.2% had sniffed glue or some other inhalant, 2.8% had used heroin, 3.7% had used methamphetamine, and 5.7% had used ecstasy in 2009 in Missouri. The numbers may be higher or lower in the City of St. Louis, but unfortunately no local data exists.

During the planning process, the CHIP work group developed five objectives and related strategies to respond to this issue area. Again, these were refined based on partner feedback and best practices. The resulting three objectives were designed to reduce substance abuse and addiction among the most at-risk populations as well as improve the capacity of organizations working directly or indirectly with individuals with substance abuse or addiction.

III.F.2. Objectives and Strategies

Table 12–Substance Abuse & Addiction Objectives 1-3 and Related Strategies

Issue	**Substance Abuse & Addiction**			
Program Goal	In St. Louis, reduce substance abuse and addiction rates among all residents.			
Program Objectives		**Strategy 1**	**Measure**	**Target**
Objective 1	Reduce Substance abuse and addiction among pregnant women	Support and collaborate with Perinatal Substance Abuse Prevention Group	1. Number of meetings attended by DOH staff 2. New interventions or modified DOH interventions designed to support substance abuse/addiction among pregnant women	1. Attended 4 meetings by 12/31/14 2. 1 new intervention or 2 existing DOH interventions modified to include substance abuse/addiction interventions
Objective 2	Train DOH staff on assessment and referral to treatment	Train Department of Health staff on assessment and referral to treatment	1. Number of DOH staff trained 2. Number of referrals made by DOH staff	1. 75% of all DOH staff trained by 3/31/15 2. Documented all referrals made. If less than 10 referrals in a calendar year, evaluation report will be delivered by 12/31 of each year (starting in 2015)
Objective 3	Support St. Louis Regional Heroin Task Force	Collaborate with Heroin Task Force through regular meetings and membership	1. Number of Task Force meetings attended by DOH representative	1. 75% of all Task Force meetings attended by DOH representative

IV. Implementation Plan

The City of St. Louis' Community Health Improvement Plan (CHIP) will be implemented in concert with residents, community partners, and regional, state, and federal agencies. Whenever possible, the goal will be to identify gaps in services, identify best practices/evidence based interventions and strategies not currently being use, and aim to support and help those City residents most vulnerable due to illness and death. Partnerships will be integral to the success of the CHIP – both for those priorities that will be tackled directly through a formal partnership and for those that will depend on existing partnerships and collaborative.

The CHIP assessment activities and summary in the previous sections outlined five priority areas for the City Department of Health to focus on over the next four years:

1) Chronic Disease Mortality
2) Education
3) Youth Violence
4) Sexual and Reproductive Health
5) Substance Abuse and Addiction

Throughout the implementation of this Plan, the Department of Health will engage in periodic review of these priorities, their corresponding objectives, and progress to date. Based on these reviews, the Department will update, revise, or otherwise change the approaches taken, partners enlisted, and resources allocated.

Each of these five priorities will be monitored but two, Education and Violence Prevention, are not directly under the purview of the Department of Health. Because of recent strong local and regional efforts, there are now existing plans and organizations working on the issues identified by residents and partners during the formation of the CHP. In order not to duplicate efforts but rather support existing ones, the Department will monitor and support as requested the work done by these groups.

Violence prevention was the topic of a recent community task force representing the St. Louis region. This St. Louis Regional Youth Violence Prevention Task Force engaged with hundreds of stakeholders, partners, and residents to create a Community Plan in June of 2013. This Plan (located here: https://stlouis-mo.gov/government/departments/mayor/news/Youth-Violence-Task-Force.cfm) outlines an evidence-based map for reducing youth violence (and overall violence) in the region through a PIER framework:

(P)revention by: Ensuring that more young people have access to job readiness, training and employment programs

(I)ntervention by: Expanding access to high quality programs that build youth resiliency, teach positive social skills, and impart practical skills around how to cope with peer pressure, gangs, violence, drugs etc. Increasing youth's access to and receipt of mental and behavioral health supports and services and extending the availability and accessibility of safe places for youth during evenings, weekends and summers.

(E)nforcement by: Increasing alternatives to youth incarceration and detention. Enhancing and expanding diversion initiatives to reduce the juvenile jail population and prevent crime. Strengthening collaboration and active community policing among law enforcement, youth, families, schools and other community stakeholders. Reducing youth's access to and use of firearms and illegal weapons.

(R)e-entry by: Strengthening aftercare services that work to keep reentering youth from being arrested or convicted of future crimes, including mental health, substance abuse and independent living supports.

The Department of Health will support this Community Plan through the modification of its existing programs and initiatives to incorporate anti-violence interventions and materials into service delivery. In addition, the Department will provide epidemiological and data analysis support to the Community Plan implementers.

While there is no strategic plan for improving educational outcomes and opportunities for City of St. Louis residents, there are three organizations currently engaged in improving education for young children, youth and adolescents, and then those seeking post-secondary education.

The youngest children's needs are being identified and addressed through the St. Louis Regional Early Childhood Education, while school-aged youth are supported by the St. Louis Public Schools Foundation, and older youth and young adults are supported in pursuing vocational and postsecondary education through St. Louis Graduates. The Department of Health will monitor educational indicators and provide support as needed.

Chronic Disease mortality will be addressed through the strategies highlighted above – coordinated by the Department of Health in conjunction with the HEAL Partnership its diverse membership. The Obesity Plan (Appendix H) and HEAL Partnership Work Plan has measures and indicators as relate to individual goals, tactics, and activities. Additionally, one Work Group (the Data & Evaluation Work Group) will be continually

monitoring and evaluating the Partnership's actions and providing support around best practices. This Partnership began work in February, 2014, and will continue indefinitely although the initial goal is to reduce obesity in the City of St. Louis by 5% by December, 2015. The HEAL Partnership will re-evaluate its work and present a report by the end of 2016 to judge if it met that goal and other short-term objectives as identified in the Obesity Plan.

Sexual health and reproductive health, identified by residents as a major health concern and buttressed by epidemiological data, will be addressed through three objectives:

1) Improve screenings for HIV and STDs in the City through increased provider training and increased usage of pharyngeal and rectal screenings for MSM – a population with a high risk of new infections;
2) Develop new and improve existing outreach efforts through the identification of key safety net clinics for high-risk populations and "Hot Spots" or geographic areas with increased rates, relative to the City, of new STD and HIV infections; and,
3) Reduce infant mortality through improved preconception and prenatal health for all mothers and children – specifically through interventions identified in the FIMR and through increased programming for pregnant and new mothers who use tobacco products.

The first two objectives will be done primarily by the Department of Health in close partnership with the safety-net health care providers as well as those organizations that engage in outreach and education efforts in St. Louis around HIV and STDs (The SPOT/Project Ark, St. Louis Effort for AIDS, Casa de Salud). The third objective will be done in partnership between the FIMR's convener, The Maternal Child and Family Health Coalition, and the Department of Health.

The last issue, reducing substance abuse and addiction, will build off partners and work to identify and implement novel best practices and support existing efforts around supporting individuals with substance abuse and addiction challenges. There are three objectives in this issue:

1) Reduce substance abuse and addiction among pregnant women through collaboration and support of the Perinatal Substance Abuse Prevention Group;
2) Increased training of Departmental staff around the assessment and referral to treatment of individuals with substance abuse or addiction;
3) Support the St. Louis Regional Heroin Task Force through meeting and event participation, data analysis support, and other services as requested

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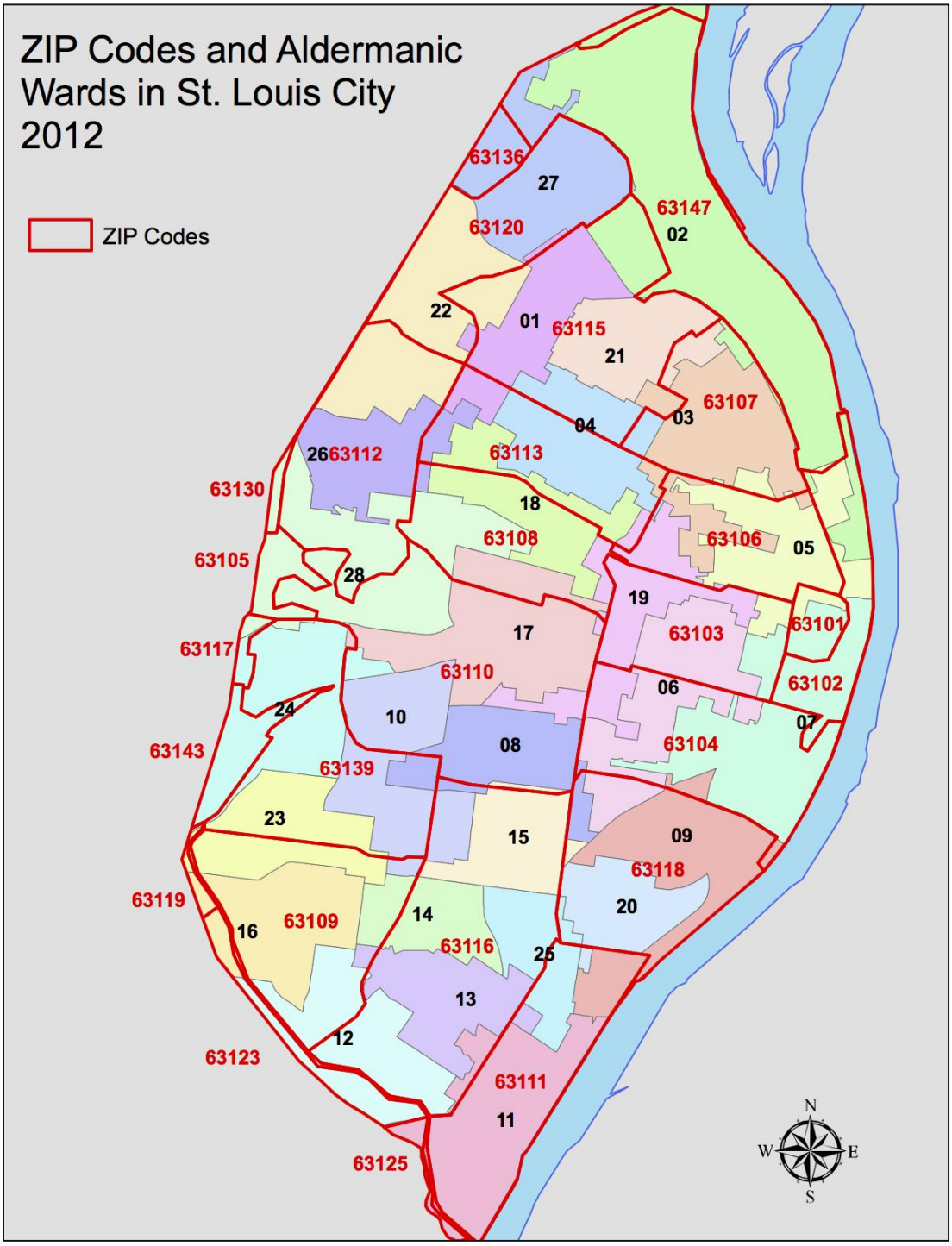
APPENDIX A
ZIP Codes and Ward Map


ZIP Codes and Aldermanic Wards in St. Louis City 2012
ZIP Codes
63136
27
63147
02
63120
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63115
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63107
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04
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63112
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18
63108
63106
05
63105
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63103
63101
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63117
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APPENDIX B
Partners CHIP Work Group

St. Louis CHA/CHIP WORK GROUP

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Bolden, LaPortcia	Street Dreamz	5555 St. Louis Mills Blvd. # 285	314-556-9830	mrssrightt@gmail.com
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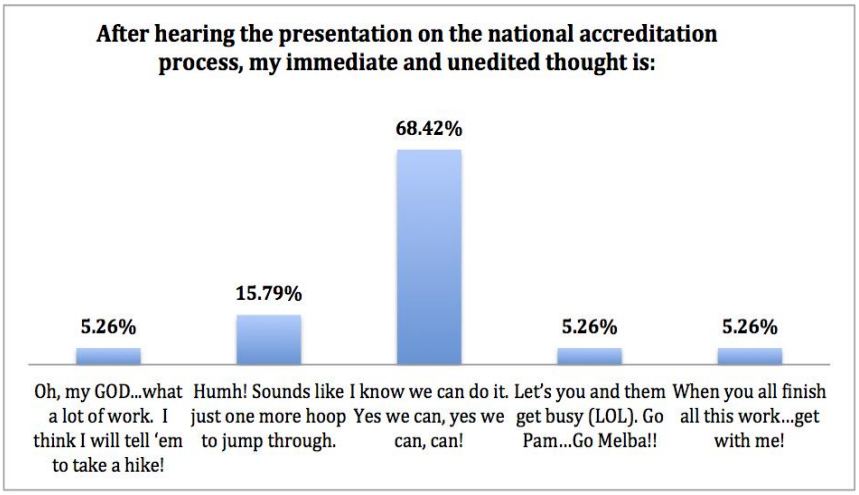
Cohen, Betsy	Nestle Purina	One Checkboard Square, St. Louis, MO	314-982-3809	betsy-cohen@purina.nestle.com
Copanas, Kendra/ Michael, Jerri	Maternal, Child, and Family Health Coalition	539 N. Grand, St. Louis, MO 63103	314-289-5680	kcopanas@stl-mcfhc.org
Cross, Donald, Ph.D	Area Association of Psychological Services	# 7 Veverky Place, St. Louis, MO 63112	314-302-2077	dnldcross@sbcglobal.net
Desai-Ramirez, Bijal	Herbert Hoovers Boys and Girls Club	2901 N. Grand Ave., St. Louis, MO 63107	314-335-8011	bijal@hhbgc.org
Gaertner, Paula	St. Louis Community Empowerment Foundation (Vashon/JeffVanderLou Initiative)	3030 Locust Street, St. Louis, MO 63103	314-371-8585	paulagaertner@sbcglobal.net
Herbers, Stephanie	Center for Community Health & Partnerships, Institute of Public Health, Washington University	600 S. Euclid, Campus Box 8217, St. Louis, MO 63110	314-747-9234	sherbers@wustl.edu
Hogan, Melissa, MPH	St. Louis Area Business Health Coalition	8888 Ladue Rd., Suite 250, St. Louis, MO 63124	314-721-7800	mhogan@stlbhc.org
McCain, Kenneth	St. Louis City Department of Corrections			kenneth.mccain@corizonhealth.com
Montgomery-Edwards, Gail & Keaton, Rosetta	St. Louis Connectcare	5535 Delmar Blvd., St. Louis MO 63112	314-879-6308	gxe5182@stlconnectcare.org
Opsal, Jamie	St. Louis County Department of Health	111 S. Meramec	314-615-1658	jopsal@stlouisco.com
Porter, Deputy Chief Valerie	St. Louis Fire Department	1421 N. Jefferson, St. Louis, MO	314-533-3406	porterV@stlouiscity.com
Schmid, Craig	Alderman, 20th Ward	City Hall 1200 Market St., Room 230, St. Louis, MO 63103	314-771-5576	schmidc@stlouiscity.com
Staley, Holly, MSW	SSM Health Care	477 Lindbergh Blvd., St. Louis, MO 63141	314-994-7694; 314-402-5925 (cell)	Holly_Staley@ssmhc.com
Sterling, Ryan, MPH	St. Louis Regional Health Commission	1113 Mississippi, Suite 113, St. Louis, MO 63104	314-446-645 X 1102	rsterling@stlrhc.org
Troupe, Charles Q.	Alderman, 1st Ward	City Hall 1200 Market St., Room 230, St. Louis, MO 63103	314-713-4632	cqtroupe@hotmail.com

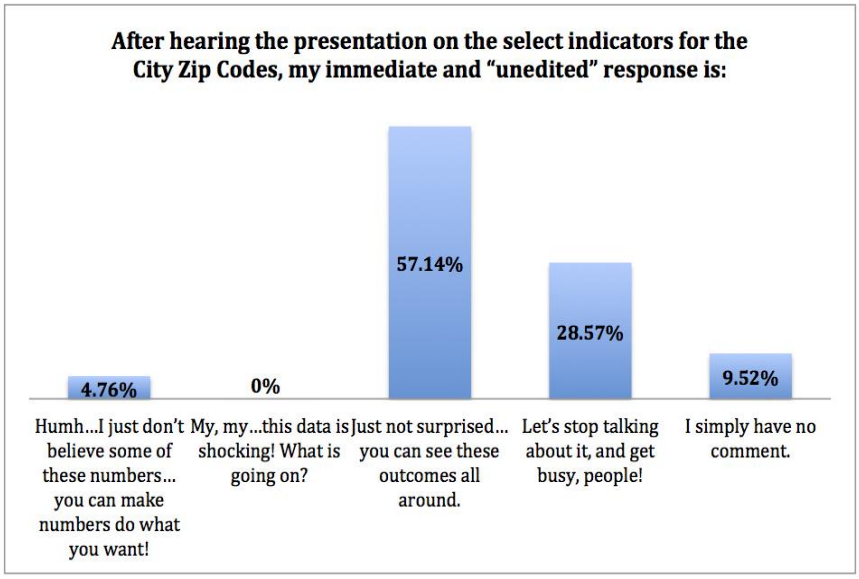
Updated 9/18/12

APPENDIX C
Partners Profile

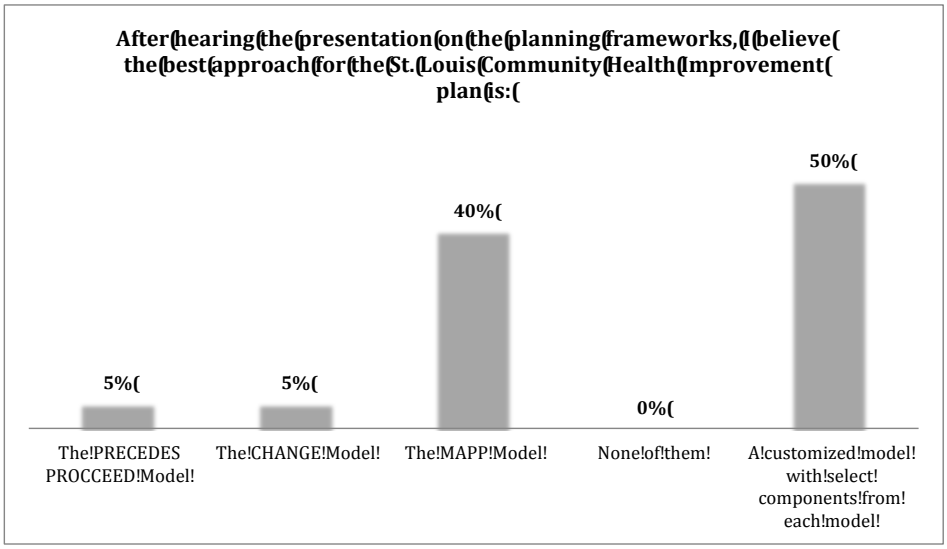
Thoughts about the Community Health Improvement Plan process and health data



Number Responding: 19



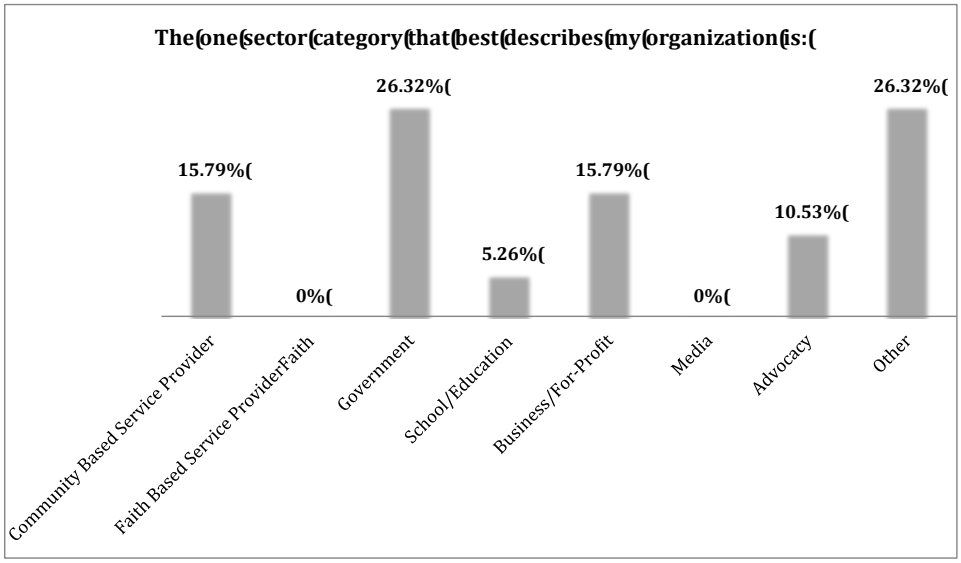
Number Responding: 21



Number Responding: 20

"

Participant(Demographic(Information(



Number"Responding:"19"
"“Other”"includes"those"who"work"for"educational"institutions,"but"are"not"involved"in"teaching"and" non(profit"consulting"type"organizations."
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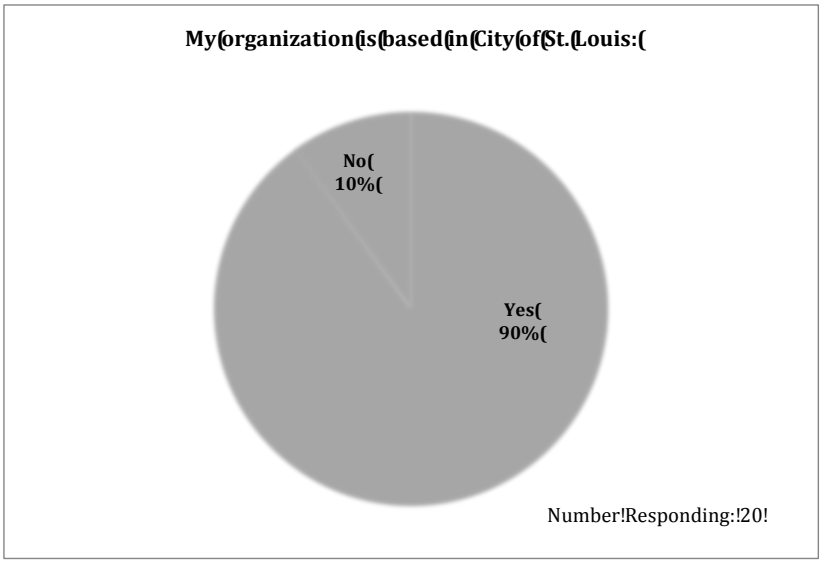

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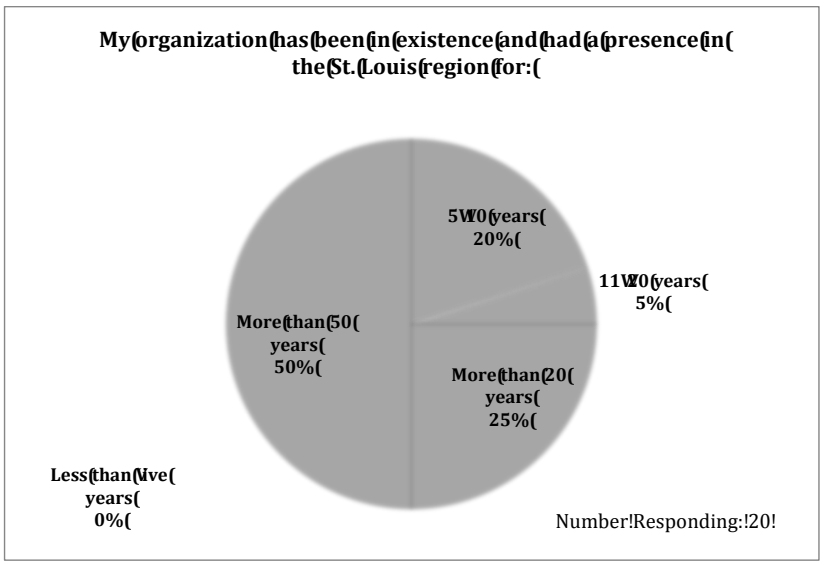
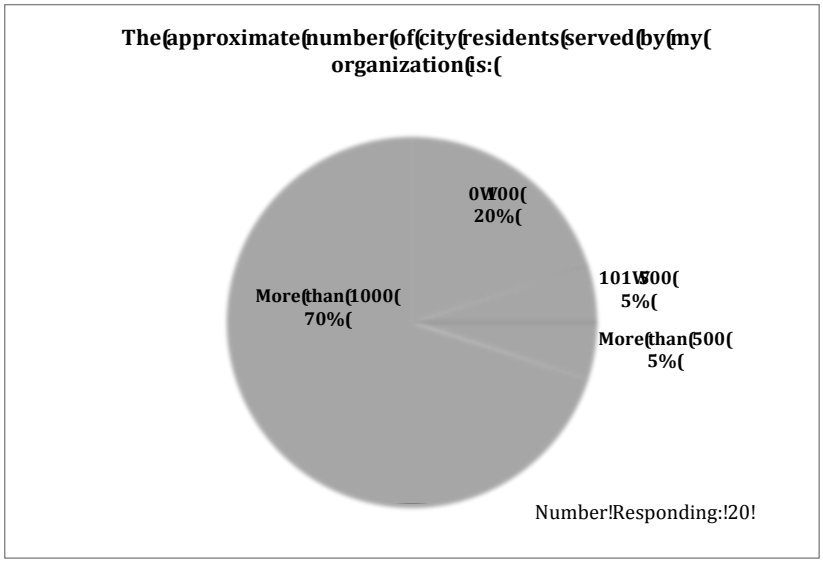
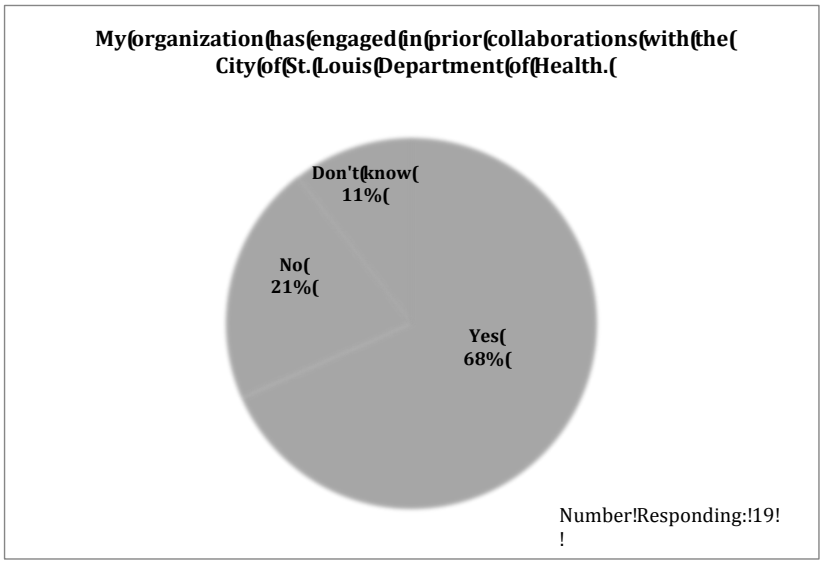
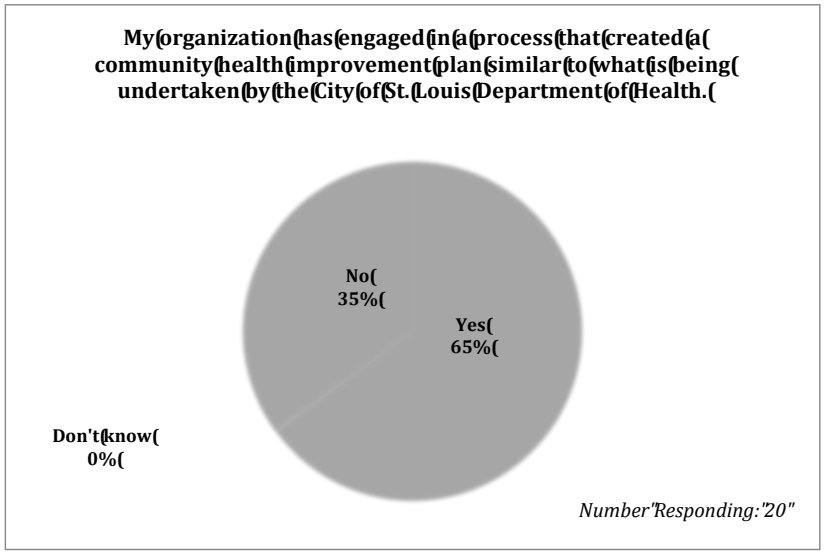
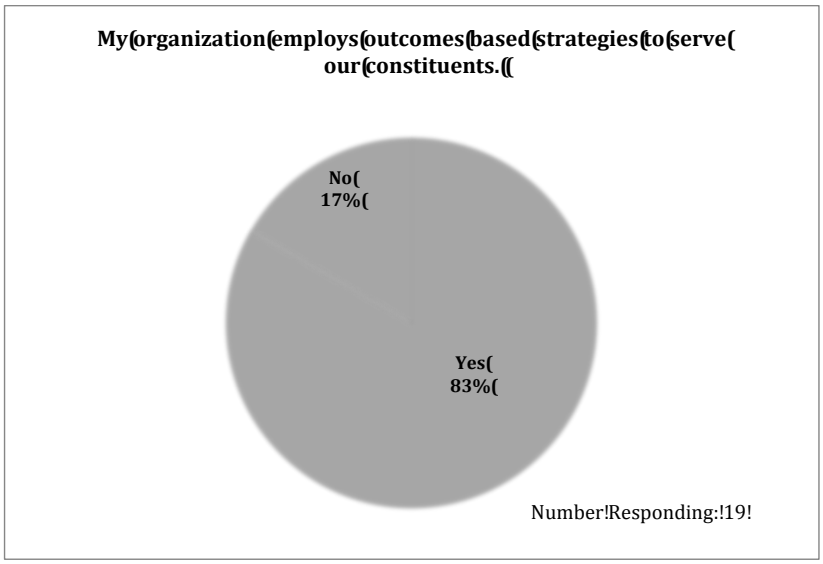

My organization has been in existence and had a presence in the St. Louis region for:
5 W 10 years
20%
11 W 20 years
5%
More than 20 years
25%
More than 50 years
50%
Less than five years
0%
Number Responding: 20


The approximate number of city residents served by my organization is:
0 W 100
20%
101 W 500
5%
More than 500
5%
More than 1000
70%
Number Responding: 20

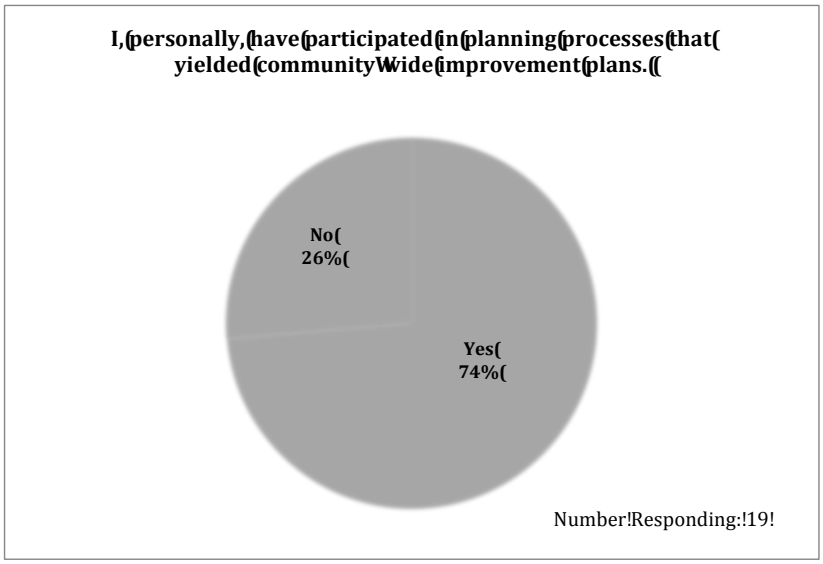
Organizational experience with collaborations, community health improvement planning and outcome based strategy development

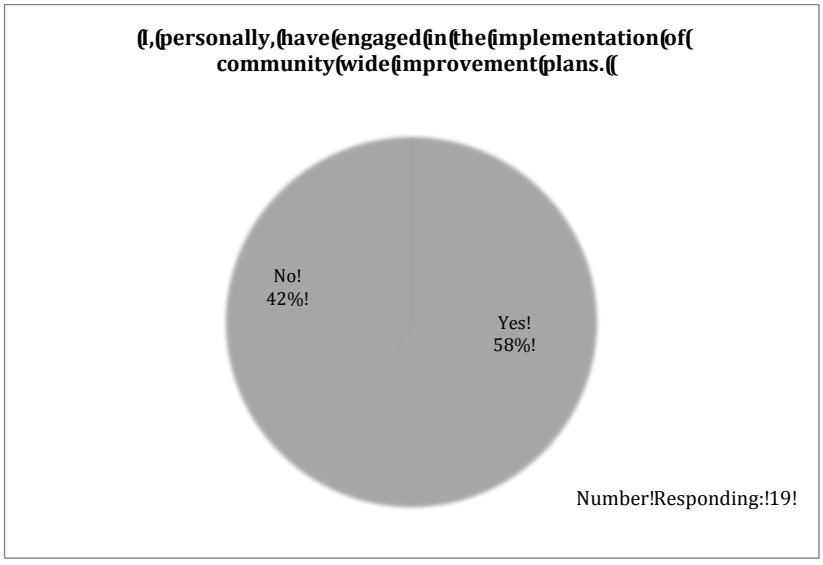




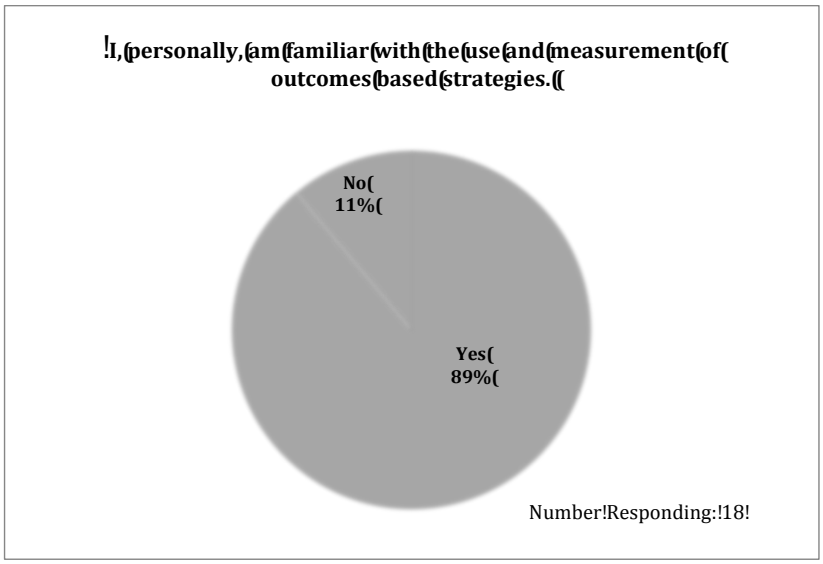

My organization employs outcomes based strategies to serve our constituents.
No
17%
Yes
83%
Number Responding: 19

Personal experience with community health improvement planning and outcome based strategy development

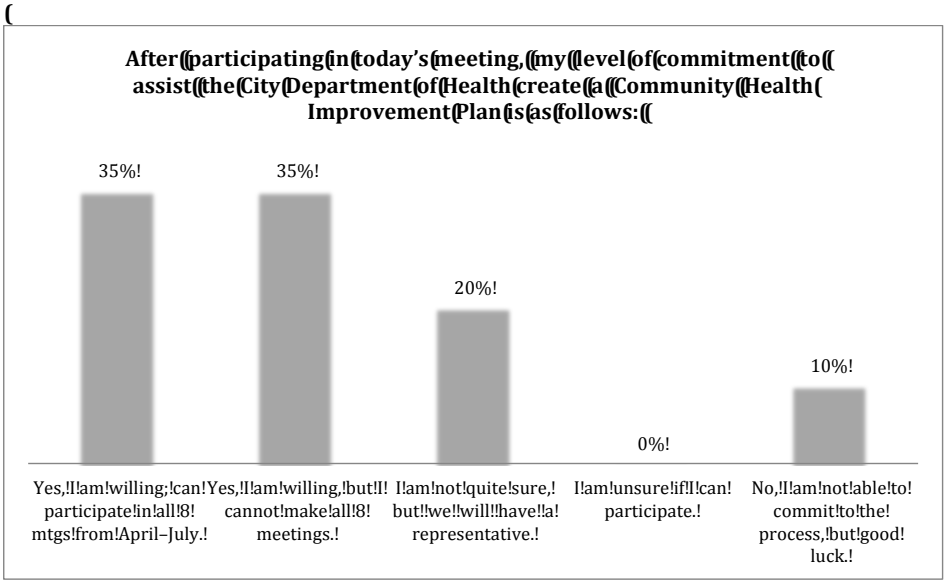




7

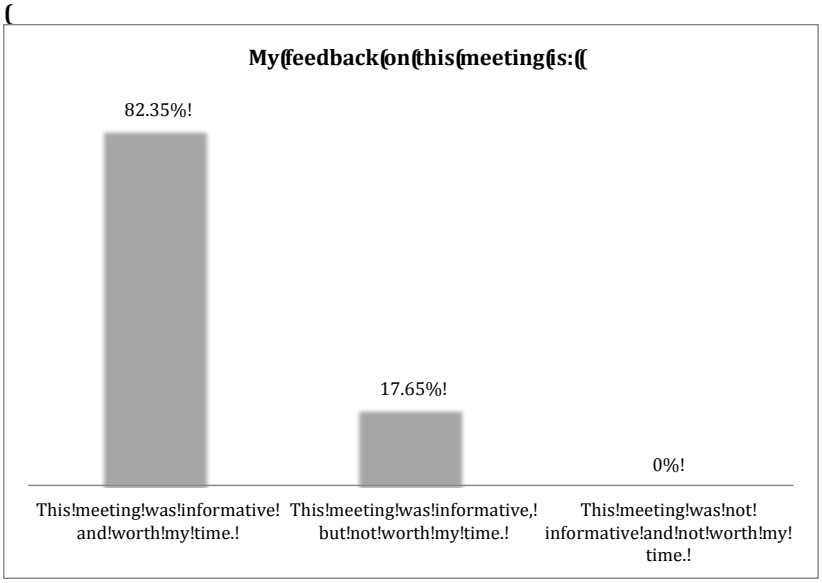


Participation in planning process



Number Responding: 20

Meeting feedback



Number Responding: 17

APPENDIX D
Residents Advisory Group

St. Louis City Residents Advisory Group		
Last	First	Zip
Bennett	Crystal	63111
Crow	George	63136
Culberson	Rachel	63120
Finch	Ramon	63137
Gentry	Wilma	63118
Hall	Alonzo	63120
Hardin	Tina	63106
Hardin	Isiah	63106
Hebron	Theresa	63104
Hilton	Paulette	63107
Jones	Marissa	63103
Jordan	Dorothy	63103
Louis	Roberta	63113
Modesto	Suzanne	63139
Rodriguez	Lupe	63116
Saavetra	Kimberly	63116
Schermann	Martha	63111
Squalls	Clarence	63147
Stalling	Olivia	63104
Street	Lessie	63147
Tate	JoAnn	63106
Weaver	Brenda	63112

9/18/2012

APPENDIX E
CHIP Meetings Schedule

Month	Partner Work Group Activities	Dates	Time	Location
April-12				
Partner Meeting 1	Visioning & Partner Skill Building:Health Promotion Basics (MAPP Model)	12-Apr-12	Done	Harris Stowe, Childhood Education Center, Room EC 204
Partner Meeting 2	Vision and Values (MAPP Model)	17-Apr-12	Done	Health Department, 1520 Market, Community Meeting Room
Citywide Residents' Meeting 1	Review of partner meetings outcomes from 4/12-4/17	18-Apr-12	Done	Harris Stowe, 3026 Laclede, AT&T Library and Technology Research Building, Telecommunity Room
May-12				
Partner Meeting 3	Final Values & Community Themes and Strengths	10-May-12	Done	Employment Connections, 2838 Market Street St. Louis, MO 63103
Partner Meeting 4	Windshield Survey Tour of City of St. Louis (CHANGE Model)-Threats and Assets	15-May-12	Done	Health Department, 1520 Market, Community Meeting Room
Citywide Residents' Meeting 2	Review of partner meetings outcomes for 5/10 & 5/15	16-May-12	Done	Casa de Salud (House of Health), 3200 Chouteau Avenue, St. Louis, MO 63103
June-12				
Partner Meeting 5	Community Assets & Forces of Change (MAPP) and Policy and Administrative Barriers Precede-Proceed). Set Priority Issues	14-Jun-12	Done	Employment Connections, 2838 Market Street St. Louis, MO 63103
Partner Meeting 6	Establish Goals and Objectives focusing on Behavioral and Social Assessments (Precede-Proceed)	19-Jun-12	Done	Health Department, 1520 Market, Community Meeting Room
Citywide Residents' Meeting 3	Review of partner meetings outcomes from 6/ 14 & 6/ 19	20-Jun-12	Done	Casa de Salud (House of Health), 3200 Chouteau Avenue, St. Louis, MO 63103
July-12				
Partner Meeting 7	Linking Strategies to Issues, Goals, and Objectives using Educational and Ecological Assessments	12-Jul-12	Done	Employment Connections, 2838 Market Street St. Louis, MO 63103
Citywide Residents' Meeting 4	Review of partner meetings outcomes from July 12	16-Jul-12	Done	Casa de Salud (House of Health), 3200 Chouteau Avenue, St. Louis, MO 63103

Updated 9/18/12

APPENDIX F
Partners CHIP Meeting Agendas and Outcomes

Community Health Improvement Plan

Partner Orientation Meeting
Tuesday, March 27, 2012
12:30–4:30 p.m.
1520 Market Street
Community Meeting Room
St. Louis, MO

AGENDA

2

Time	Activity	Who
12:30 p.m.	Welcome and Introductions	**Pamela R. Walker, MPA, CPHA** Acting Director of Health **Melba R. Moore, MS, CPHA** Commissioner of Health
12:50 p.m.	Review of Meeting Goals and Objectives Overview of the Accreditation Process	**Laverne Morrow, Carter, Ph.D., MPH** President/Chief Project Director Research and Evaluation Solutions, Inc. (REESSI)
1:15 p.m. 1:45 p.m.	Presentation of Select Indicators by Zip Code Questions/Answers Break	**Jeanine S. Arrighi, MS, MPPA** Health Services Manager, Health Department **Megan Terle, MPH** Epidemiologist, Health Department
2:00 p.m.	1) Presentation of Outcomes from Residents' Focus Groups (20 minutes) 2) Models for Developing Community Health Improvement Plans (CHIP) (20 minutes) 3) Assessment of Partners' Experience and Resources (45 minutes) 4) Future working meetings, goals, and process/on-site commitments (15 minutes)	**Laverne Morrow Carter**
4:15 p.m.	Closing Remarks	**Pamela R. Walker, MPA, CPHA** **Melba R. Moore, MS, CPHA**

Meeting Goal and Objectives

- **Goals:**
  - To introduce our public health partners to the national public health accreditation process.
  - To unveil the current community health assessment results.
  - To secure the commitment of our public health partners to participate in an in-depth process for developing a community health improvement plan for the City of St. Louis.
- **Objectives:**
  - Each participant will be able to describe the goal of the national public health accreditation process.
  - Each participant will be able to list at least two benefits of the national public health accreditation process.
  - Each participant will be able to describe at least four health issues that emerge from the current community health assessment data.
  - Each participant will be able to name at least three models for developing community health improvement plans.
  - Each participant will be able to describe the collective experiences and resources of the meeting participants
  - Each participant will be familiar with the proposed planning structure, dates, and goals for the eight planning meetings between April and July 2012.

Community Health Improvement Plan (CHIP)
Work Group
Thursday April 12, 2012
12:30–4:30 p.m.
Harris Stowe, Childhood Education Center
Room EC204
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:**
  - *To address any emerging questions from the orientation.*
  - *To understand the mutual expectations for the work group and the planning process.*
  - *To understand the key tools and theoretical frames used in public health.*
  - *To establish broad ideas and concepts about a community vision.*
- **Objectives:**
  - Each participant will be able to list at least two outcomes of the March 27th orientation meeting.
  - Each participants will be able to define at least one health department and one partner expectation for the CHIP Work Group activities.
  - Each participants will be able to list the *five* components of a primary health promotion model.
  - Each participant will be assigned to a MicroGroup with at least three other members.
  - Each participant will contribute at least one idea for the creation of a broad healthy *St. Louis vision.*

April 12, 2012 Agenda

3

Time	Activity
12:30 p.m.	Introductions and Expectations Review of Meeting Goals and Objectives
12:40 p.m.	Summary of March 27th Orientation Any Emerging Questions? MicroGroup Assignments and Rules of Engagement
1:00 p.m.	*Let's Get on One Accord:* ***Public Health Mini Toolkit for Action***
1:45 p.m.	Break
2:00 p.m.	***Visioning Exercise*** in MicroGroups
3:00 p.m.	MicroGroup Reports
3:30 p.m.	Building a Consensus on a Vision Statement (s)
4:15 p.m.	Session Review and Closure

Results of April 12, 2012 Visioning Exercise

Group by Facilitator	Cross	Desai-Ramirez	Herbers	Schmid
Five Signs of a Health Community	An increase in community health centers	When public policies are in place (and enforced) around community health that are supported by political will and action.	Equal access to healthcare (physical, mental, dental) and other community resources that promote health (e.g., healthy and affordable foods, sidewalks, recreation facilities and parks).	Safety
	An increase in affordable recreational centers	When our health system transitions from a "clinical/critical" paradigm to one that promotes comprehensive and culturally competent "primary/preventative" care.	Opportunities for engagement of residents of all ages, particularly youth.	Infrastructure
	Decrease in Crime	When regional morbidity and mortality rates are reduced to, at or below national benchmarks.	Residents feel safe in their homes and neighborhoods (reduction in person-person crime).	Access to affordable, coordinated healthcare
	Education and Awareness (available to residents) of health issues	When the regional socioeconomic status improves to, at or above national benchmarks.	Access to quality education in all phases of life.	Access to adequate jobs, education and housing
	Job creating with availablitity of goods and services in all areas of the City.	When health disparities are eliminated and we have constructed a "competent" community.	Positive improvements in health-related indicators (e.g., poverty, teen pregnancy, violence, infant mortality).	Achieving the mind set of healthier lifestyles and chronic disease management
Top Three Characteristics of a Healthy Community	Health care services and Education with easy access to those without resources.	Effective and sustainable	Health is viewed as a priority and invested in by civic leaders.	Residents are biking or walking to the gym or park, spending time doing activities with their children, not smoking, Going home to prepare meals and have family time.
	Jobs and the availability to goods and services	Accessible	Equal access to care and all other resources that promote health.	
	Safety and reduced crime	Coordinated, competent and accountable	Positive environment that promotes a healthy and safe community.	
Health Department Actions within the next five years	Take an active role in assuring residents have available health services, recreational facilities, crime prevention resources and accessibility to job training. They would also promote the creation of jobs, goods and services.	The DOH should drive the "healthier community" initiative; the DOH should take ownership of this issue…function as the convening/coordinating/lead organization in the region across all the players at the table who are already working towards similar public health oriented goals.	Focus on 2-3 bold goals, convene partners, have a strong marketing plan, and make an impact (e.g., Milwaukee Dept. of Health). Identify opportunities for integration of services for city and county health departments. Serve as a voice for health in the city, in work with other departments, particularly related to policy decisions (e.g., health impact assessments). Regular engagement of residents, community leaders, and policy makers in decisions. Monitor health indicators and hold organizations accountable for their contribution to the needs of a healthier community and implementing an effective public health system.	Recruit health care providers to provide health care to under served regions; Prevention, promotion and education; Engage the community in "best practices".

4/17/12

St. Louis, the city where healthy living matters.

Community Health Improvement Plan (CHIP)
Work Group
Thursday May 10, 2012
12:30–4:30 p.m.
Employment Connections
2838 Market
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:**
  - Final approval of a mission statement and "values" for improvement of health in the City of St. Louis.
  - To review the residents' focus group results and begin constructing community themes and strengths.
- **Objectives:**
  - Each participant will understand where the group is in the planning process.
  - Each participant will offer input and approval of a final mission statement and a final set of values that complement the approved vision.
  - Each participant will contribute to the MicroGroup activities that develop community themes and strengths based the city wide focus groups outcomes.
  - Each participant will be able to describe at least two activities of the Regional Health Commission and one achievement of the organization.

May 10, 2012 Agenda

3

Time	Activity
12:30 p.m.	Remarks from Health Department Introduction of new members Review of Meeting Goals and Objectives Assignment of new participants to MicroGroups
12:45 p.m.	Summary of April 17th Meeting
1:00 p.m.	*MicroGroups–Work on Values* Review and final approval of Mission Statement and Guiding Values
1:45 p.m.	Break
2:00 p.m.	The importance of Constructing Community Themes and Strengths (CTS) Questions and Comments: Residents' Input (Focus Group) Report
2:15 p.m.	*MicroGroups Activity* CTS: Issues, Perceptions, Assets
3:40 p.m.	MicroGroup Reports
4:00 p.m. **4:15 p.m.** **4:30 p.m.**	Partner Exchange: An Overview of the **Regional Health Commission** *Ryan Sterling* Questions Logistics and Information for the ***May 15 Windshield Survey Tour*** Closure

Community Health Improvement Plan
Community Themes Outcomes
From Partners' Assessment of Residents' Focus Groups Results
May 10, 2012 Meeting

1) Overarching issue themes from all focus groups.

a) Accessible, Affordable, & Quality Health Care
b) Teen Pregnancy
c) Education and Jobs
d) Substance Abuse
e) Safety and Security

2) Overall perceptions about the quality of life from all focus groups.

a) Residents lack knowledge about health services and the health care system.
b) Residents disrespected by a "system" more focused on revenue than quality services.
c) Residents lack access to quality education.
d) Youth are unprepared of the responsibilities of adulthood.
e) Residents lack jobs and economic opportunities.
f) Many environments in the city are unsafe.

City of St. Louis Department of Health
CHIP Work Group
Windshield Survey Tour
May 15, 2012

A windshield survey involves structured observations of a community, neighborhood, or specific environment from a moving vehicle. This survey concept was originally developed to locate environments that were most amenable to the incubation and spread of infectious diseases in the early 1960s.[1] This type of survey offers multiple benefits in the community health assessment process:

1) It is the easiest and most expedient way to get an overview of an entire community.
2) Participants get a first hand look at particular neighborhoods/communities and the residents in the natural and normal setting.
3) Participants may gain new knowledge and perspectives about particular areas of a community.
4) The "seeing" experience gives a greater "meaning" to and understanding of the data and residents' feedback.
5) Participants can get a visual of both issues and assets in the community.
6) It provides a mechanism to compare different sections of a community.

Purpose of the 5/15/2012 Tour: To offer the CHIP Work Group members an opportunity to see the *issues and assets* in a *sample* of neighborhoods across the City of St. Louis.

[1] Callan, L.B. (1971). Adapting the Windshield Survey Model to Health Education. *HSMHA Health Reports*, (86)3, 203.

THE JOURNEY

Neighborhood Navigators: Robin Boyce, Paula Gaertner, Alderman Craig Schmid, and Alderman Charles Quincy Troupe
Transportation: Metro Transit (Thanks to Alderman Troupe and Theresa Chambers for making these arrangements and to Robin Boyce for planning the route.)

Key Sites:

Location	Neighborhoods
1-Downtown St. Louis–Market Street	Old Mill Creek
2-West on Market to Compton South	Industrial Area
3-Compton to Park–East to Jefferson	The Gate District/Lafayette Square
4-Jefferson South to Cherokee	Fox Park/McKinley Heights/Benton Park/West Benton Park
5-South Jefferson to Broadway to Meramec	Gravois Park/Marine Villa
6-West on Meramec to Grand	Dutchtown/Mount Pleasant
7-Grand South to Loughborough	Holly Hills/Carondelet Park/Lyle Mansion
8-Loughborough to Kingshighway North	Boulevard Heights/Bevo Mills
9-Kingshighway north to Eichelberger West	Southampton(SOHA)/North Hampton
10-Eichelberger to Hampton North	SOHA/Macklind
11-Hampton North to Chippewa East	SOHA/Macklind
12-Chippewa East to Kingshighway	Tower Grove South/ South City/Tower Grove Park
13-Kingshighway North to MLK Drive	CWE/Fountain Park/Academy
14-MLK East to Annie Malone Dr.	The Ville/Homer G Phillips
15-Annie Malone to North Market West	The Ville/Sumner High/Turner Middle
16-North Market to Newstead South	Greater Ville
17-Newstead South to MLK West	Greater Ville
18-MLK West to Kingshighway North	Kingsway East
19-Kingshighway North to Hwy 70	Penrose
20- Kingshighway North to West Florissant	O'Fallon Neighborhood
21-West Florissant East to O'Fallon Park	O'Fallon/College Park
22-West Florissant to Grand South	Fairgrounds Park/Jeff Vander Lou
23- Grand South to Lindell–Olive	Covenant Blue-Grand Center
24- East on Lindell/Olive to 21st Street	Midtown
25- 21st South to Market East to 16th	Downtown

PERSONAL OBSERVATIONS & NOTES

★= My perception is positive-no issues; ↕ = I see some positive and negative. It's OKAY;
✉=My perception is not positive. *Write* somebody with power for help; ☎ =OMG. *Call* somebody with power immediately for help.

Site/Area	People and their well-being	Race & Ethnicity Mix	Housing, Other Buildings, & Infrastructure	Public Spaces, Parks, & Recreation and Cultural Facilities
Locations 1-3	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 4-6	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 7-9	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 10-12	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 13-15	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 16-18	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 19-21	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 22-25	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎

PERSONAL OBSERVATIONS & NOTES 2 (continued)

★= My perception is positive-no issues; ↕ = I see some positive and negative. It's OKAY;
✉=My perception is not positive. *Write* somebody with power for help; ☎ =OMG. *Call* somebody with power immediately for help.

Site/Area	Commercial Activities & Jobs	Schools and Higher Education	Health & Social Service Providers; Private doctors and dentists	Supermarkets, Retail, and Pharmacies
Locations 1-3	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 4-6	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 7-9	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 10-12	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 13-15	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 16-18	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 19-21	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎
Locations 22-25	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎

PERSONAL OBSERVATIONS & NOTES 3 (continued)

★= My perception is positive-no issues; ↕ = I see some positive and negative. It's OKAY;
✉=My perception is not positive. *Write* somebody with power for help; ☎ =OMG. *Call* somebody with power immediately for help.

Site/Area	Safe and Secure	Street Use and Streetscape	Public Transportation and Public Services	Other Observations
Locations 1-3	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 4-6	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 7-9	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 10-12	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 13-15	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 16-18	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 19-21	★ ↕ ✉ ☎	★ ↕ ✉ ☎	★ ↕ ✉ ☎	
Locations 22-25	★ ✌ ✉ ☎	★ ✌ ✉ ☎	★ ✌ ✉ ☎	

POST TOUR QUESTIONS:

1) *What differences did you observe between the community sites?*

2) *What evidence of health issues did you observe?*

3) *What "assets" did you observe?*

City of St. Louis Department of Health
CHIP Work Group
Windshield Survey Tour
May 15, 2012

POST TOUR QUESTIONS:

1) *What differences did you observe between the community sites?*

-Although most of the homes were similar in size, age and build, many of the homes (# of home-owners) on the south side were cleaner, groomed lawns, flowers etc.
- More private restaurants on the south side and mid town.
- Although schools are closed down across the city (parochial, charter and public), there are still more catholic schools on the south and mid-town.
-More recreation centers and after school programs (Boys and Girls Club, Harambee, etc.) in the north, however the Catholic schools offer sports activities through the schools.

2) *What evidence of health issues did you observe?*

-Small doctor and dentist offices scattered on the south side and mid-town. Little to no evidence of the same on the north side.
-The private restaurants on the south side and mid-town could offer healthier eating than the fast food chains that dominate the north.
- The bars and smoke shops seem to be on the south and north ends of the city, with few (unless food is also served) in midtown.

What "assets" did you observe?

-City parks and recreation centers throughout the city.
-Variety of beautiful brick homes throughout the city.
-Main streets (Grand, Kingshighway, Chippewa, Compton) all seem to flow nicely through the city and are cared for equally north to south.
-Pride in individual neighborhoods.

St. Louis, the city where healthy living matters.

Community Health Improvement Plan (CHIP)
Work Group
Thursday June 14, 2012
12:30–4:30 p.m.
Employment Connections
2838 Market
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:**
  - Construct community assets and forces of change per MAPP Model.
  - Prioritize City Health Issues and Identify Risks per Precede-Proceed Model.
  - Conduct Changeability Assessment per Precede-Proceed Model.
- **Objectives:**
  - Each participant will understand where the group is in the planning process.
  - Each participant will contribute to the MicroGroup activities that identify community assets/strengths and the forces of change.
  - Each participant will contribute to the MicroGroup activities that prioritize health issues and identify risks.
  - Each participant will contribute to the MicroGroup activities that assess the risks that are most amenable to change through intervention.

June 14, 2012 Agenda

3

Time	Activity
12:30 p.m.	Review of tasks for final three meetings (6/19, 7/12 & 7/17) Review of goals and objectives for meeting
12:40 p.m.	Summary of May Meeting activities
12:50 p.m. 1:00 p.m.	Introduction to Assets and Forces of Change (10 minutes) ***Microgroups Activity*** What are the assets/strengths in the City of St. Louis? What are the Forces of Change that Impact the City of St. Louis?
1:45 p.m.	Break
2:00 p.m.	MicroGroup Reports
2:20 p.m.	***MicroGroups Activity*** Prioritize Health Issues, the Risk Factors, & Changeability
3:45 p.m.	MicroGroup Reports
4:10 p.m. 4:30 p.m.	Summary of Outcomes Adjourn

St. Louis, the city where healthy living matters.

Community Health Improvement Plan (CHIP)
Work Group
Tuesday June 19, 2012

12:30–4:30 p.m.
St. Louis City Department of Health Community Meeting Room
1520 Market
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:** To develop realistic overarching goals and objectives for each health issue and the poverty project.
- **Objectives:**
  - Each participant will understand where the group is in the planning process.
  - Each participant will be able to list the six key components of Green's Health Promotion Model.
  - Each participant will contribute to the MicroGroup activities that identify overarching goals and objectives for the key issues.
  - Each participant will contribute to the MicroGroup activities that assess the feasibility of the constructed goals and objectives.

June 19, 2012 Agenda

3

Time	Activity
12:30 p.m.	Review of July Tasks (7/12 & 7/17) Review of goals and objectives for meeting
12:40 p.m.	Summary of June 14th meeting activities Review of Priority Health Issues and Poverty Project
12:50 p.m. 1:00 p.m. 1:00	Tools: Health Promotion Concepts **MicroGroup Activity:** *Overarching Program Goal and Objectives*
2:00 p.m.	Break
2:15 p.m.	MicroGroup Reports
2:40 p.m. 2:50 p.m.	Tools: Feasibility Concepts **MicroGroup Activity***: Feasibility & Reality Check*
4:00 p.m.	MicroGroup Reports
4:20 p.m. 4:30 p.m.	Summary of Outcomes Adjourn

Community Health Improvement Plan Outcomes for Program Goals and Objectives
June 19, 2012

Issue: M4–Mortality from Diabetes, Cardiovascular Disease, Cancer, and Murder

1–Discuss and finalize an overall *Program* goal statement for the problem. Refer back to Slide 8. The goal statement should reflect an overall statement of what your program will accomplish. Keep it simple.

Provide a supportive environment and structured activities for St. Louis residents to decrease the *morbidity and mortality* burden of leading chronic health diseases, including murder.

2–Now discuss and finalize at least 2-4 Program Objectives. Refer back to Slide 8. These objectives should be *measureable and focused on population level changes in outcomes.* Do not focus on behavioral, environmental, or social factors. Focus on aspects of the problem.

1- Reduce the incidence of uncontrolled diabetes. (Need the rate and time frame)
2-Reduce the average rate of uncontrolled hypertension. (Need the rate and time frame)
3-Increase screenings for cancer types that place the most burden on St. Louis City Residents. (Need cancer types, screening rates and timeframes). (Need the rate and time frame)
4-Reduce the murder rate in the City of St. Louis. (Need the rate and time frame)

Community Health Improvement Plan Outcomes for Program Goals and Objectives
June 19, 2012

Issue: Violence

1–Discuss and finalize an overall *Program* goal statement for the problem. Refer back to Slide 8. The goal statement should reflect an overall statement of what your program will accomplish. Keep it simple.

To prevent and deter violence through creating a community environment of "homeness", a sense of belonging, and constructive outlets that allow residents to release passion; dream dreams; and live out promises.

2–Now discuss and finalize at least 2-4 Program Objectives. Refer back to Slide 8. These objectives should be *measureable and focused on population level changes in outcomes.* Do not focus on behavioral, environmental, or social factors. Focus on aspects of the problem.

1-Seek and attain increased funding (20%) for innovative after school interventions for youth by 2014. (What is the current level-baseline of funding for youth programs in the City).
2-Establish "Youth Homes" in each Zip Code of the City by 2014.

Community Health Improvement Plan Outcomes for Program Goals and Objectives
June 19, 2012

Issue: Education System/Pipeline

1–Discuss and finalize an overall *Program* goal statement for the problem. Refer back to Slide 8. The goal statement should reflect an overall statement of what your program will accomplish. Keep it simple.

Through the creation and activation of a coalition of parents that demand excellence ---every child in St. Louis has access to high quality education and a pipeline to success.

2–Now discuss and finalize at least 2-4 Program Objectives. Refer back to Slide 8. These objectives should be *measureable and focused on population level changes in outcomes.* Do not focus on behavioral, environmental, or social factors. Focus on aspects of the problem.

1-By July 2013, create a structured citywide coalition of parents and advocates who will pursue the goal.
2-Develop a plan and strategies for obtaining feedback from parents/guardians that serves as an alternative to in-person meetings. (Not measurable)
3-The coalition will focus on empowering teachers, facilitate acquiring and allocating resources, and ensuring model curriculums are followed. (Not measurable)
4-Completion of a long-term strategic plan that restructures the current system. (Not measurable)

Program Goals and Objectives

Community Health Improvement Plan Outcomes for Program Goals and Objectives
June 19, 2012

Issue: Infant Mortality

1–Discuss and finalize an overall *Program* goal statement for the problem. Refer back to Slide 8. The goal statement should reflect an overall statement of what your program will accomplish. Keep it simple.

The most recent data shows that fetal infant mortality is at 10.8% in the City of St. Louis. This rate will be reduced by 10% at the end of 2017.

2–Now discuss and finalize at least 2-4 Program Objectives. Refer back to Slide 8. These objectives should be *measureable and focused on population level changes in outcomes.* Do not focus on behavioral, environmental, or social factors. Focus on aspects of the problem.

1-Clinical Care-work with medical providers to offer education. (Not measurable)
2-Community services-educate agencies and facilitate collaboration. (Not measurable)
3-Policy-Increase insurance coverage and access. (Not measurable)
4-Health Equity- Develop a health equity model with trusted advocates who are trained in culturally appropriate service delivery. (Not measurable)

Program Goals and Objectives

Community Health Improvement Plan Outcomes for Program Goals and Objectives
June 19, 2012

Issue: Poverty

1–Discuss and finalize an overall *Program* goal statement for the problem. Refer back to Slide 8. The goal statement should reflect an overall statement of what your program will accomplish. Keep it simple.

In St. Louis, improve the possibilities for a more equitable distribution of wealth.

2–Now discuss and finalize at least 2-4 Program Objectives. Refer back to Slide 8. These objectives should be *measureable and focused on population level changes in outcomes.* Do not focus on behavioral, environmental, or social factors. Focus on aspects of the problem.

Note: These are sub goals

1-Gain knowledge of responsibilities, as well as, to use current skills set
2-Identify, accentuate, increase, and reinforce positive attitudes and behaviors.
3- Ensure access to basic needs for all.
4-Gain and increase knowledge of financial responsibilities and possibilities.

Program Goals and Objectives

Community Health Improvement Plan (CHIP)
Work Group
Thursday July 12, 2012

12:30–4:30 p.m.
Employment Connections
2838 Market
St. Louis, MO

+ Meeting Goal and Objectives

- **Goals:**
  - To revisit and reconstruct the priority health issues.
  - To fine-tune the program goals and objectives.
  - To link strategies to the objectives.
- **Objectives:**
  - Each participant will contribute to the general group activities to reconstruct the priority health issues.
  - Each participant will contribute to the MicroGroup activities to construct final goals and objectives.
  - Each participant will contribute to the MicroGroup activities to link the objectives to possible strategies.

July 12, 2012 Agenda

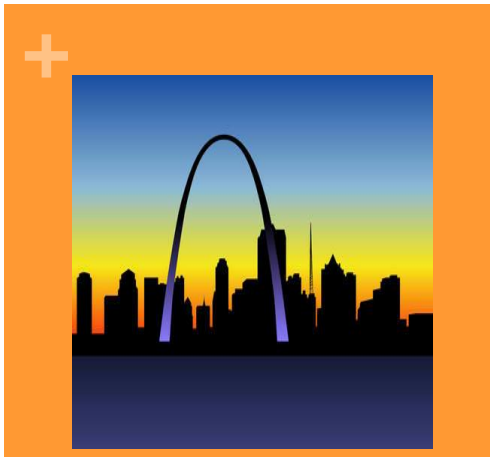
3

Time	Activity
12:30 p.m.	Review of goals, objectives, and agenda for meeting
12:40 p.m.	Summary of June meeting activities
12:50 p.m. **1:00 p.m.**	Review of summary documents from prior meetings Discussion and activities to revisit and reconstruct the priority health issues
2:00 p.m.	Break
2:15 p.m.	MicroGroup activities to finalize Goals and Objectives
2:45 p.m.	Sharing and Large Group Consensus
3:00 p.m.	MicroGroup activities to link Strategies to the Objectives
4:00 p.m.	MicroGroup Reports on Strategies
4:20 p.m. **4:30 p.m.**	Next Steps from Health Department Adjourn

Issue	Response Goal	Objective 1	Objective 2	Objective 3	Objective 4
M4–Mortality from Diabetes, Cardiovascular Disease, Cancer, and Murder	Provide a supportive environment and structured activities for St. Louis residents to decrease the *morbidity and mortality* burden of leading chronic health diseases, including murder.	1-Reduce the incidence of Type II Diabetes to meet the Healthy People 2020 goals. (Get percent of change numbers).	2-Reduce the rate of hypertension to meet the Healthy People 2020 goals. (Get percent of change numbers).	3-Increase screenings for colorectal, breast, and prostate cancer to meet Healthy People 2020 goals.	4-Reduce murder rate in the City of St. Louis by 5% (4/100,000 per year) by 2020.
Education System/Pipeline	Through the creation and activation of a coalition of parents/guardians and other advocates that demand excellence–every child in St. Louis has access to high quality education and a pipeline to success	1-By January 2014, create and convene a structured citywide coalition representing parents/guardians and other advocates of public, private, parochial and charter schools.	2- By July 2014, the coalition will create a document that describes its vision of high quality education and identifies measures for tracking progress towards achievement of the vision.	3-By January 2015, the coalition and administrators of educational systems will document short and long-term strategies that work toward the achievement of the vision.	4-By July 2015, transparency of he coalition will be promoted through creation of a website that ensures the vision and implementation plans are publicly available and progress on goals is annually updated.
Violence	To prevent and deter violence through creating a community environment of "homeness", a sense of belonging, and constructive outlets that allow residents to release passion; dream dreams; and live out promises.	1-Seek and attain increased funding (20%) for innovative after school interventions for youth by 2014. (What is the current level-baseline of funding for youth programs in the City).	2-Establish functional youth opportunities centers in each Zip Code by 2014, that support 15-21 year olds and their families.	3-Decrease reports of domestic and relationship violence by 5% by 2015.	None
Self-Destructive Behaviors	Decrease self-destructive behaviors by encouraging positive life choices.	1-Decrease substance abuse/addiction by 50% (5% per year for 10 years). Measure by decrease of court ordered rehab, addicted births, and overdoses seen in ER.	2-Decrease rate of STD/HIV by 50% (5% per year for 10 years). Measure by health department STD rates.	3-Increase the number of healthy babies born through exceptional pre-conception and pre-natal care. Measure by birthrate mortality, addiction of infants at birth, and pre-term birth rates.	None
Poverty Project	in St. Louis, foster a more equitable distribution of wealth through increasing avenues of economic/financial autonomy.	1-Increase access to grants and funding for entrepreneural activities. Measured by the annual income of businesses in five years and the number of businesses in five years.	2-Increase access to scholarships for post high school education and access to specialized grants for extracurricular learning activities. Measured by the number of scholarships, the number of college graduates, and the number who receive funds.	3-Subsidize tuition to transitional vocational job training with an emphasis on training veterans and minority groups. Measured by the number of subsidies given to veterans and minorities, and the number of persons completing the training.	4-Create an apparatus to assist the uninsured and underinsured residents who have experienced unforeseen traumatic events. Measured by the amount of funds acquired for the program, the number of beneficiaries, and the number of beneficiaires who reenter the workforce.

Approved by Partners on 7/12/2012

APPENDIX G
Residents CHIP Meeting Agendas



Community Health Improvement Plan

Residents Meeting

Tuesday, March 27, 2012

6:00–7:45 p.m.

Harris Stowe State University
3026 Laclede
AT&T Library and Technology Research Building-Seminar Room
St. Louis, MO

Meeting Goal and Objectives

2

- **Goals:**
  - To offer an opportunity for residents across the City to meet and network.
  - To provide residents with the health indicators from all city Zip Codes.
  - To allow residents to complete the community health survey
  - To share the results of the seven city wide focus groups.
  - To share the process for development of the Community Health Improvement Plan (CHIP).
- **Objectives:**
  - Each participant will meet at least two new City residents that he/she did no know prior to the meeting.
  - Each participant will be able to describe at least two issues that are evident in all City Zip Codes.
  - Each participant will complete the four page residents' community health survey.
  - Each participant will be able to describe at least two issues and two solutions that emerged from all seven city wide focus groups.
  - Each participant will be familiar with the proposed planning structure, dates, and goals for the eight planning meetings between April and July 2012 and the associated four residents' response meetings

AGENDA

3

Time	Activity	Who
6:00 p.m.	Welcome	**Pamela R. Walker, MPA, CPHA** Acting Director of Health **Melba R. Moore, MS, CPHA** Commissioner of Health
6:15 p.m.	1-Meet & Greet Activity (20 minutes) 2-Review of Meeting Goals and Objectives (5 minutes) 3-Presentation of Select Indicators by Zip Code Questions/Answers (15 minutes) 4-Community Health Survey (15 minutes) 4-Presentation of Outcomes from Residents' Focus Group (20 minutes) 5-Future working meetings, goals, and process (10 minutes)	**Laverne Morrow, Carter, Ph.D., MPH** President/Chief Project Director Research and Evaluation Solutions, Inc, (REESSI)
7:45 p.m.	Meeting Ends	

Community Health Improvement Plan (CHIP)
Residents' Advisory Group
Wednesday April 18, 2012
6:00–8:00 p.m.
Harris Stowe State University

+ Meeting Goal and Objectives

2

- **Goals:**
  - To update new attendees on the March 27th meeting outcomes.
  - To complete the Visioning Exercise.
  - To provide feedback on the **Vision Statement** and **Values** created by the Partners' Group.
  - To receive information on the *"human trafficking"* issue in St. Louis
- **Objectives:**
  - Each new participant will receive information from the March 27th meeting.
  - Each participant will offer his/her input into the three questions in the Visioning exercise
  - Each participant will provide his/her opinion and feedback on the Vision Statement and Values developed by the Partners.
  - The residents' will endorse or reject the Vision Statement and Values created by the Partners' Group.
  - Each participant will be able to list at least two things he/she learned about *human trafficking* in St. Louis.

April 18, 2012 Agenda

3

Time	Activity
6:00 p.m.	Introductions Review of Meeting Goals and Objectives
6:10 p.m.	Summary of March 27th Meeting Questions???
6:20 p.m.	Small Group Visioning Exercise
6:45 p.m.	Large Group Discussion on Visioning Exercise Review of Outcomes of Partners' Visioning Exercise and Feedback
7:00 p.m.	Lessons on Vision and Values (5 minutes) Review of Partners' Vision Statement and Values (5 minutes) Discussion (10 minutes) Vote/Consensus to Accept or Reject
7:30 p.m.	Presentation on Human Trafficking (10 minutes) Discussion (10 minutes)
8:00 p.m.	Closure

Community Health Improvement Plan Worksheet
Visioning Exercise
April 18, 2012 Resident's Meeting

1– I will see the City of St. Louis as a "healthy community" when I see the following five things:

a)
b)
c)
d)
e)

2–The top three important characteristics of a "healthy community" for the people who live, work and play there are:

a)
b)
c)

Community Health Improvement Plan Worksheet
Visioning Exercise
April 18, 2012 Resident's Meeting

3–In the next five years, to assure a "healthier community", the City of St. Louis Health department should:

St. Louis, the city where healthy living matters.

Community Health Improvement Plan (CHIP)
Residents' Advisory Group
Wednesday May 16, 2012

6-8 p.m.
Casa De Salud (House of Health)
3200 Chouteau
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:**
  - **Final approval of a mission statement and "values" for improvement of health in the City of St. Louis.**
  - **To review the residents' focus group results and identify overall themes.**
- **Objectives:**
  - Each participant will understand where the group is in the planning process.
  - Each participant will offer input and approval of a final mission statement and a final set of values that complement the approved vision.
  - Each participant will contribute to the MicroGroup activities that reviews and identifies overall themes from the Focus Groups.
  - Each participant will contribute the brainstorming session on July and beyond.

May 16, 2012 Agenda

3

Time	Activity
6:00 p.m.	Review of Meeting Goals and Objectives Assignment of New Members to MicroGroups
6:10 p.m.	Summary of April 18th Meeting
6:15 p.m.	Review and Approval of Final Values
6:30 p.m.	MicroGroup Activity Residents' Focus Group Results and Themes
7:15 p.m.	Group Reports
7:30 p.m.	Ideas-July and Beyond
8:00 p.m.	Closure

Community Health Improvement Plan Worksheet 5A
Themes from Residents' Focus Groups
Residents' Advisory Group
May 16, 2012

1–List Names of MicroGroup Members

Name	Role
Rachel Culberson	Facilitator
Marissa Jones	Recorder
George Crow, Sr.	Time Keeper
Brenda C. Weaver	
Precious Bourrage	
Lupe Rodriquiez	
Cynthia Clinton	

2) Four overarching issue themes from <u>all</u> focus groups.

a) Lack of Communication: Lack of community meetings
b) Education: Need for community outreach programs and job fairs
c) Seniors and Youth: Need for food programs and outreach
d) Policy and Law Makers: Place money and power over people.

Community Health Improvement Plan Worksheet 5A
Themes from Residents' Focus Groups
Residents' Advisory Group
May 16, 2012

3) Three overall perceptions about the quality of life from <u>all</u> focus groups.

a) Poor people and poor health
b) Unaccredited schools
c) Very low community awareness

Community Health Improvement Plan Worksheet 5A
Themes from Residents' Focus Groups
Residents' Advisory Group
May 16, 2012

1–List Names of MicroGroup Members

Name	Role
Tina Hardin	Facilitator
Amy Heitkamp	Recorder
Isaias Perez	Time Keeper
Crystal Bennett	
Carolynn Mabens	
Lessie Street	
Roberta Laws	
Isiah Hardin	
Kym Dupree	

2) Four overarching issue themes from all focus groups.

a) Drug abuse
b) Lack of quality education
c) Community input into health care issues are lacking
d) Lack of structured activities for youth

Community Health Improvement Plan Worksheet 5A
Themes from Residents' Focus Groups
Residents' Advisory Group
May 16, 2012

3) Three overall perceptions about the quality of life from <u>all</u> focus groups.

a) Lack of security (health, fitness, safety)
b) Substantial inequalities to access of healthcare
c) Concern for the welfare of youth (health, education, safety)

Community Health Improvement Plan (CHIP)
Residents' Advisory Group
Wednesday June 20, 2012

6-8 p.m.
Casa De Salud (House of Health)
3200 Chouteau
St. Louis, MO

+ Meeting Goal and Objectives

2

- **Goals:**
  - **To gain knowledge about the health care system in the St. Louis region and how it works.**
  - **To review and approve the health issues priorities identified by the partners.**
- **Objectives:**
  - Each participant will understand where the group is in the planning process.
  - Each participant will be able to describe three new things he/she knows about the St. Louis health care system.
  - Each participant will share his/her opinion about the health issues and accept/reject them as priorities.

June 20, 2012 Agenda

Time	Activity
6:00 p.m.	Review of Meeting Goals and Objectives
6:10 p.m.	Summary of April 18th Meeting
6:15 p.m.	The St. Louis Health Care System Bethany Johnson-Javois Chief Executive Officer
6:45 p.m.	Break
6:55 p.m.	Presentation of the Health Issues selected by Partners Discussion & Approval/Disapproval
7:15 p.m. 7:30 p.m. 7:45 p.m. 8:00 p.m.	Linking Issues to Risk Factors (Information & Group Exercise) Reports Meeting Dates for July Closure

Community Health Improvement Plan (CHIP)
Health Issues and Overarching Goal (June 2012)

The partners approved a set of four issues, a special project on poverty and overarching improvement goals on June 19, 2012.

Health Issues	Improvement Goals
1) The Mortal Four: Cardiovascular Disease; Diabetes; Cancer; & Murder	Provide a supportive environment and structured activities for St. Louis residents to decrease the *morbidity and mortality* burden of leading chronic health diseases, including murder.
2) Violence	To prevent and deter violence through creating a community environment of "homeness", a sense of belonging, and constructive outlets that allow residents to release passion; dream dreams; and live out promises.
3) Education System/Pipeline	Through the creation and activation of a coalition of parents that demand excellence---every child in St. Louis has access to high quality education and a pipeline to success.
4) Infant Mortality	The most recent data shows that fetal infant mortality is at 10.8% in the City of St. Louis. This rate will be reduced by 10% at the end of 2017.
The Poverty Project	In St. Louis, improve the possibilities for a more equitable distribution of wealth.

Community Health Improvement Plan (CHIP)
Residents' Advisory Group
Monday July16, 2012

6-8 p.m.
Casa De Salud (House of Health)
3200 Chouteau
St. Louis, MO

+ Meeting Goal and Objectives

- **Goals:**
  - **To review and approve the health issues priorities objectives & strategies identified by the partners.**
  - **To construct additional strategies for each objective.**
- **Objectives:**
  - Each participant will share his/her opinion about the health issues identified by the partners and accept/reject them as priorities.
  - Each participant will share his/her opinion objectives & strategies identified by the partners and accept/reject them as priorities.
  - Each participant will work in a small group and contribute to the identification of at least one strategy for each objective.

July 16, 2012 Agenda

3

Time	Activity
6:00 p.m.	Review of Meeting Goals and Objectives Dr, Carter's Comments on Next Steps
6:10 p.m.	Summary of June 20th Meeting
6:15 p.m.	Review of Refinement of Health Issues; The Overarching Goal; and the Objectives; Discussion; Approval/Rejection
6:45 p.m.	Break
6:55 p.m.	Additional Strategies from Residents for the Objectives Small Group Exercise
7:20 p.m. **7:40 p.m.** **8:00 p.m.**	Reports Remarks from Health Department on Next Steps Closure

APPENDIX H
City of St. Louis Obesity Plan

St. Louis: The City Where Healthy Living Matters

Obesity Plan

Goal: By 2018, Reduce Obesity by 5%.

April, 2014

St. Louis: The City Where Healthy Living Matters

Obesity Plan

Table of Contents

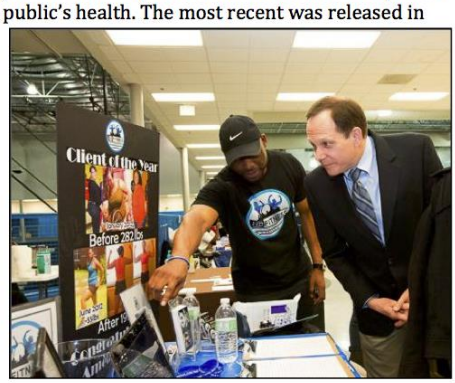
JOIN US:

Follow @HISTL and use #InShapeStL when tweeting about obesity prevention.
Find us on Facebook at Health Institute St. Louis.

Join us for the St. Louis Region's "JUMP N2 Shape" weight loss challenge!
For more information, please visit www.JUMPN2Shape.com
@JUMPN2Shape, #JUMPN2Shape

Introduction

Under the direction of Mayor Slay, the City of St. Louis Department of Health has completed four community-wide assessments of the public's health. The most recent was released in 2012 using data from 2006 - 2009 and from 2010 when possible. Entitled "Understanding Our Needs," these comprehensive guides provide a detailed look at health indicators for each zip code within the city.



Mayor Slay views a display at a Let's Move! event.

This local, neighborhood-focus allows the City and its partners in the community to make strategic, data based decisions regarding what and where resources are needed. This approach continues to be highly successful in reducing poor health outcomes. Through collaborations and concerted efforts made by the City and its partners, significant improvement has been made in many major health indicators in the City of St. Louis over the past 10 years:[1]

- Overall mortality rates decreased 14%
- Heart disease mortality decreased 26%
- Incidence of the top four types of cancer decreased by an average of almost 10%
- Deaths due to stroke decreased 36%
- Diabetes deaths decreased 11%
- Infant mortality declined 7%
- Childhood lead poisoning prevalence fell by 80%
- Incidence of gonorrhea declined 41%
- 6% fewer children with asthma on Medicaid received acute care in a hospital

While the City celebrates these successes, there is still more work to be done. In particular, obesity continues to be an area of great concern to the City of St. Louis, the St. Louis region, Missouri, and the nation. The Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) has been reporting the self-reported weight status of City of St. Louis residents since 2004 and the most recent data indicates that, in 2011, 26.8% of residents of St. Louis are obese (≥30.0 BMI).[2] While this data is self-reported, it is the current national standard for obesity data collection and most recent local data available (other research, attempting to correct for this bias, put City of St. Louis adult obesity prevalence significantly higher: 36.3% for males and 45.0% for females in 2011).[3] Figure 1 demonstrates how the obesity rates in the City have been similar to the state and national averages.

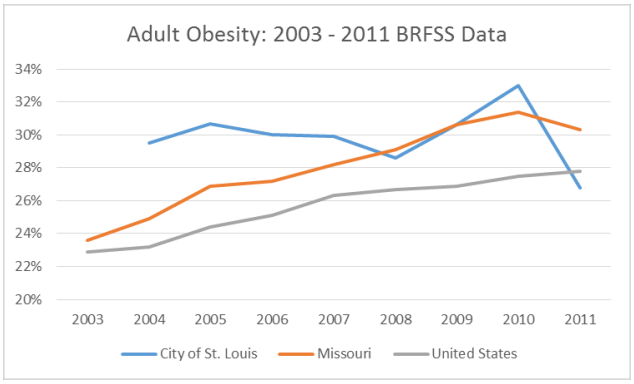


Figure 1: Obesity Trends, 2003-2011

Obesity is a major social concern as it is one of the greatest drivers of chronic disease and healthcare costs in the United States. A study estimated that the annual cost of obesity-related illness to the United States in 2005 was $190 billion or approximately 20.6% of annual healthcare spending.[4] In 2003, it was estimated that $1.6 billion was spent in Missouri on obesity-related medical expenditures.[5] That number is likely higher now, a decade later.

It is in that context that the City of St. Louis embarks on a concerted effort to reduce obesity. Its many dedicated residents and organizations have already proven effective in reducing negative health indicators as well as developing and implementing city, regional, and state initiatives (e.g., Teen Violence Prevention Taskforce Community Plan, City of St. Louis Sustainability Plan). The availability and access to green space, the many academic and community-based organizations, amount of clinical care services, and an energized and resilient population will be major strengths in the fight to reduce obesity in St. Louis.

Furthermore, the City Department of Health, led by Interim Director Pamela Walker, has begun an intensive city-wide health improvement process. This Community Health Improvement Plan will create a pathway to improve health throughout all the City's neighborhoods as well as revitalize and reinvigorate community engagement. In turn, increased engagement will help to direct and tailor the Department's efforts towards interventions that work and match residents' needs and desires.

This plan outlines the scope of obesity in our community, the determinants and impacts of obesity, current evidence based practice for stopping and reversing obesity, and a concrete plan of action for implementing these evidence-based interventions. This blueprint aims to support the Mayor's Sustainability Action Agenda to reduce the rate of obesity in the City of St. Louis by 5% in five years.

> "It is not just City government's plan. It is our City's plan. It is my hope that individuals, community organizations, and neighborhoods will both embrace and help implement it."
> –Mayor Francis S. Slay, City of St. Louis Sustainability Plan

Our City's Health

While zip code-level data on weight status has not yet been collected in the City, other measures of poor health of which obesity is a contributor, such heart disease, diabetes and certain types of cancers are available at this level. They also appear more frequently in neighborhoods with specific attributes or made up of populations with high levels of detrimental "social determinants of health" (e.g., educational attainment, poverty levels).[6]

Secondary Conditions

As obesity is related to heart disease, diabetes, and certain types of cancers, this report identifies those zip codes most affected by these secondary conditions as they indicate likely areas for high rates of obesity.[7]

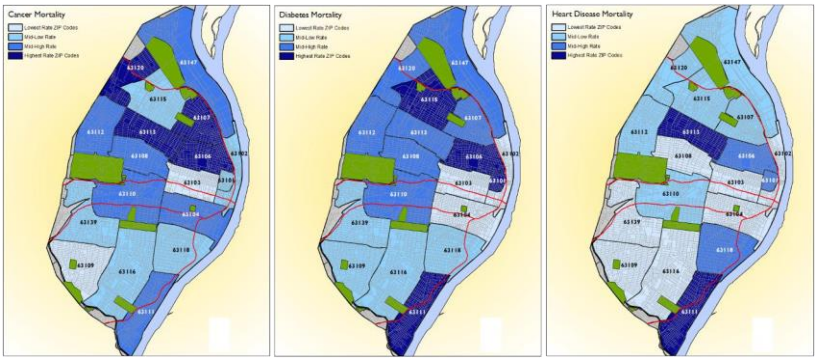


Figure 2: Cancer, Diabetes, and Heart Disease Mortality by Zip Code

While the relationship between obesity and other health outcomes is more complicated than a simple substitution of these secondary conditions to identify disparities in the city, it is likely that those zip codes (Figure 2) with higher than average rates of heart disease, diabetes, and cancers are also those zip codes with higher than average rates of obesity.

Other data point to a decline in the population engaged in healthy behaviors: in 2004, 29% of City residents reported engaging in *any physical activity* during the past month, but that number dropped to 27.8% of City residents in 2011.[8] In 2009 only 19.9% of Missourians reported eating five or more fruits and vegetables a day – a drop from 1996, when 22.6% of Missourians reported consuming five or more fruits and vegetables a day.[9]

Social Determinants of Health

Beyond disease, the health of a community is determined also by the "conditions in the environments in which people are born, live, learn, work, play, worship, and age (which) affect a wide range of health, functioning, and quality of life outcomes and risks."[10] These are also called the Social Determinants of Health. Mayor Slay recognizes these in his

Sustainability Action Agenda which calls for a comprehensive approach to improving the City of St. Louis.

Healthy People 2020 has developed five key areas of social determinants of health: economic stability, education, social and community context, health and health care, and neighborhood and built environment.[11] These five areas for the City of St. Louis are explored with data from the Department of Health's 2012 Understanding Our Needs report:[12]

Economic Stability

In 2011, the average household income in the US ($67,529) was 51% higher than the average income in the City of St. Louis ($44,675). And within St. Louis, the average household income for Caucasians was 49% higher than the average income in the Black or African-American community ($51,084 vs. $34,375). By zip code, mean household income ranged from $22,923 in 63106 to $63,616 in 63102 – a 278% difference - and almost half of all families (46.3%) in zip code 63106 lived below the poverty line.

Education

The percent of persons age 25 or older who have a high school degree or GED in the City of St. Louis (71.8%) is about 13% lower than that for Missouri (81.7%) and the US (80.7%). The graduation rates in three zip codes (63106, 63107, and 63120) were all below 60%, while four zip codes (63139, 63108, 63102, and 63109) had graduation rates above 80%.

Social and Community Context

While St. Louis has a plurality of Black and African-American residents, it also has a high level of racial polarization (i.e., a high number of single race individuals living in one area). Eight of the 18 zip codes in the City of St. Louis have 80% or more residents of a single race. And of these eight, six zip codes have 90% or more residents identifying as Black or African-American.

Health and Health Care

Almost three-quarters (72.8%) of primary care physicians are located in the two zip codes (63110 and 63104) that have the major teaching hospitals in the city. Over a quarter (25.9%) of City residents are Medicaid eligible – compared to 15.9% of Missouri residents (national numbers are not available). In six zip codes, however, this number ranges from a third to almost three-quarters of residents that are eligible for Medicaid. And the percent of live births to women that have not received prenatal care in the city (17.5%) is higher than that of the state or national means.

Neighborhood and Built Environment

St. Louis has 285 vacant lots per square mile, but in some zip codes – generally those in the north and in predominantly Black or African-American neighborhoods, have much higher numbers of vacant lots. Crime against property (i.e., burglary, larceny, and auto theft) in the city was 87.0 per 1000 residents in 2011; comparable results for the state were 33.9 per 1000 residents and 30.4 per 1000 residents in the United States. Violent crime (i.e., homicide, rape, robbery, and aggravated assault) was also significantly higher in St. Louis

(21.2 crimes per 1,000 residents) than in the state (4.9 crimes per 1,000 residents) or national level (4.3 crimes per 1,000 residents).

Areas of Need

While there is some variation between the above indicators, there are zip codes that appear more frequently than others for both social determinants of health and secondary conditions: specifically 63106, 63107 and 63113 all appear in at least of the three of the above categories. So while obesity is an issue for the entire City, these zip codes and their surrounding areas should receive particular attention and support to best combat these determinants of and outcomes from obesity.

Community Assets

Facing these challenges is important but recognizing and leveraging our many assets and community strengths are even more important. While the following list is not exhaustive, it does give a snapshot of some of the strengths in the City of St. Louis:

Education

There are five higher education institutions located in the City of St. Louis of which two are national research institutions that provide technical assistance, resources, and training to residents and local organizations. The St. Louis Public School District (SLPS) was provisionally accredited in 2012 and served over 22,000 children in the 2012-2013 school year of which over 17,000 qualified for free lunch.[13] The SLPS, charter schools, and parochial school systems allow for a high degree of impact on the health and well-being of low-income children in the City of St. Louis.

Health and Health Care

There were fourteen community health centers in the City in 2011 and the majority of them were located in low-income, minority communities on the north side of St. Louis. The St. Louis Regional Health Commission manages the Gateway to Better Health demonstration project which provides care to low-income, uninsured in the region including the City of St. Louis.[14]

Neighborhood and Built Environment

Since 2005, the City of St. Louis has installed approximately 134 miles of bike lanes and trails. And the St. Louis park system is the most extensive in the state – the 2013 County Health Rankings indicate that 80% of City residents live within a half mile of a public park, compared to 33% of all Missourians[15] and 57% of all Americans.[16]

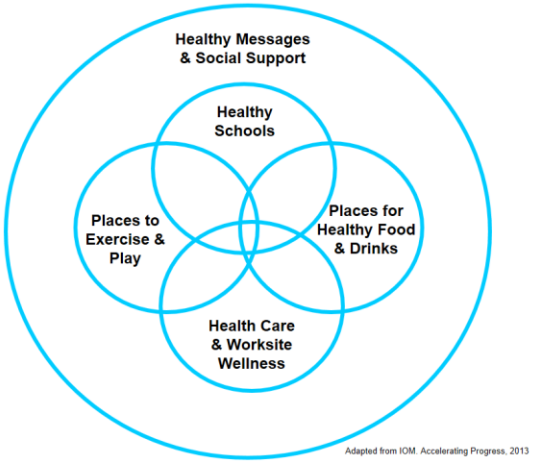
So clearly, despite the many challenges, there are many assets in the City to use in combating the obesity epidemic. The next section will describe in detail what prevention and intervention strategies have been proven to be most effective in reducing obesity.

What Works

Over the past decade, significant strides have been made towards combating the obesity epidemic.[17] The CDC recently reported the first significant drop in childhood obesity in the United States: in 19 states, including Missouri, obesity rates declined at a statistically significant rate for low-income preschoolers from 2008 to 2011.[18]

And in St. Louis, many organizations have been working for years on developing effective programs, policies, environmental, and system changes to combat obesity both for adults and children (See Appendix A). These organizations' successes are bolstered by a growing evidence base of effective interventions for obesity prevention and control. In 2013, the Institute of Medicine (IOM) released a summary report on this evidence.[19] The report highlights five broad areas for comprehensive obesity prevention and this framework is the model for the City of St. Louis' obesity prevention and control plan:

1. Make physical activity a routine part of life (**Places to Exercise & Play**).
2. Create food and beverage environments that ensure healthy food and beverage options are the routine, easy choice (**Places for Healthy Food & Drinks**).
3. Inform about physical activity and nutrition (**Healthy Messages & Social Support**).
4. Expand the role of health care providers, insurers, and employers in obesity prevention (**Health Care & Worksite Wellness**).
5. Make schools a focal point for obesity prevention (**Healthy Schools**).



Some of these goals are already incorporated into organizations and initiatives serving the City of St. Louis while others will be incorporated into this plan and existing efforts by City partners. The following strategies are summarized from the IOM's report with a short selection of current organizations working towards these goals (See Appendix A for list of organizations engaged in obesity reduction efforts).

	Places to Exercise & Play	Places for Healthy Food & Drinks	Healthy Messages & Social Support	Health Care & Worksite Wellness	Healthy Schools
Strategy 1	Improve the built environment to support physical activity, including: parks, bike lanes, and sidewalks and crosswalks.	Reduce consumption of sugar-sweetened beverages (e.g., soda).	Create and implement a comprehensive marketing campaign around increasing physical activity and nutrition in the community.	Improve access to preventative care that relates to obesity.	Require physical education in schools and increase physical education time when already present.
Strategy 2	Create and support effective community based programs that provide physical activity opportunities for all.	Increase access and availability to low-calorie and/or healthy options in restaurants and other food establishments.	Nutrition labeling at grocery stores, convenience stores, and restaurants.	Improve healthy eating and active living at places of employment through worksite wellness initiatives.	Improve healthy eating standards at schools.
Strategy 3	Improve and increase physical activity requirements for children at childcare facilities.	Reduce access to unhealthy food and beverages at government and community spaces and events through the development of nutritional standards.	N/A	Support pregnant and breastfeeding mothers at places of employment.	Improve health education – specifically nutrition and food literacy.
Strategy 4	Ongoing evaluation of interventions and the implementation of those that are proven to be most effective.	Modify existing policies or create new policies that support healthy food options and/or restrict unhealthy food options.	N/A	N/A	N/A
Examples of Related Community Organizations	Trailnet Parks Department Great Rivers Greenway Saint. Louis University Washington University	Health Department UM- Extension	Health Department Washington University Saint Louis University	Integrated Health Network American Heart Association MCFHC	St. Louis Public Schools Health Institute Saint Louis University

What Our Residents and Partners Want

Mayor Francis Slay and the City of Saint Louis believe that effective, meaningful community planning can only be done well if it is in partnership with all city stakeholders: residents, business, and non-profit organizations. To that end, the City and State have engaged residents and partners in order to understand their concerns and preferred interventions and strategies to address those same concerns. Furthermore, residents will be involved throughout the implementation of this and other community plans.

Some concerns, goals, and suggested strategies that emerged from three community engagement plans:

Community Health Improvement Plan (CHIP):

CHIP is a blueprint for overall better health for all residents of the City of St. Louis. This plan identified, with input from residents and partners, five major issues for the Department of Health to monitor and support:

1. Mortality from Diabetes, Cardiovascular Disease, Cancer, and Murder
2. Education System/Pipeline
3. Violence
4. Self-Destructive Behaviors
5. Poverty

Each of these issues have specific goals and objectives. The first issue, Mortality, indicated that the long-term effects of obesity (diabetes, cardiovascular disease, and cancer) are of paramount concern to residents and organizations in the City. Improving access to green space and physical activity opportunities as well as expanding education and screening were some of the strategies identified by residents and partners.

City of St. Louis Sustainability Plan:

In 2011, the City conducted a survey of residents, businesses, and other partners. The results were incorporated into the 2013 Sustainability Plan. Highlights of this survey as relates to obesity prevention activities were:

1. Safe streets and neighborhoods
2. Good public transit
3. Strong public schools/good education
4. Green surroundings
5. Bike-friendly
6. Walkable/pedestrian friendly
7. Great parks

All of these map well to the best practices of improving access to healthy eating and active living opportunities and supporting education opportunities for youth addressed by the IOM report. The final sustainability plan also had the goal, internalized in this report, of decreasing obesity by 5% through City initiatives by 2018.

Preventing Obesity and Other Chronic Diseases: Missouri's Nutrition and Physical Activity Plan:

In 2005 the Missouri Department of Health and Senior Services launched a nutrition and physical activity plan designed to, state-wide, decrease obesity among children, youth and adults.[20] This plan was further updated in 2010 by the Missouri Council for Activity and Nutrition (MOCAN) with the MOCAN Strategic Plan 2010. There were four specific goals, all of which mapped onto the IOM's strategies and were created with state-wide resident and partner input. They were:

1. Increase opportunities to adopt physical activity and nutritional habits that promote good health.
2. Increase the effectiveness of MOCAN marketing and messages that results in improving nutritional habits and increasing physical activity.
3. Increase support for health care systems to promote physical activity and nutritional habits that prevent and control obesity and chronic disease.
4. Increase state-level public policies that promote physical activity and nutritional habits to prevent obesity and chronic disease.

Priority Community Goals to Reduce Obesity:

The Community Health Improvement Plan, City of St. Louis Sustainability Plan, and Missouri's Nutrition and Physical Activity Plan all include specific objectives that relate to obesity and related areas of concern. Those five goals listed below are a combination of best practices according to the IOM, existing state and regional efforts, and resident and partner desires. Special focus will be made on policy, environment, and system-level strategies:

Obesity Plan Goals
Goal 1: Identify baseline data, monitor, and evaluate progress
Goal 2: Create city-wide obesity prevention campaign and support partner collaboration
Goal 3: Improve access to quality healthy eating opportunities
Goal 4: Improve access to quality active living opportunities
Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care

Decreasing Obesity by 5%

While the City of St. Louis Department of Health offers several valuable functions to the larger community including implementing and supporting public health programs that serve thousands of City of St. Louis residents, there are also many other organizations in the City that are already engaged in specific obesity prevention activities. A key component of this plan will be ongoing collaboration with these organizations (see Goal 2, Tactic 5), specifically through the creation of a Healthy Eating, Active Living Partnership (HEAL Partnership). This group will support the coordination of resources, the implementation of specific tactics, and update this Plan based on available resources, resident needs, and evaluative indicators.

The following goals, tactics, and activities outline an initial blueprint towards meeting the goal of a 5% reduction in obesity by 2018. These were originally created by the Department of Health but have been modified based on feedback from the HEAL Partnership in early 2014. While each Tactic has a "responsible individual/group" attached, they are not the sole drivers of these Tactics but rather will take the lead on coordinating efforts in the context of this plan.

Goal 1: Identify obesity baseline data, monitor, and evaluate Plan progress

Tactic 1: Implement, monitor, and evaluate Obesity Plan goals, strategies, and activities.

- Activity 1: Identify data hubs (e.g., HEDIS, vital records, Missouri Primary Care Association, FQHCs, hospitals)
- Activity 2: Create and implement data hub coordination plan
- Activity 3: Identify and assist in securing funding to conduct city-wide data collection around obesity and overweight indicators
- *Responsible Individual/Group*: Data & Evaluation Work Group; Department of Health (CHIP Coordinator)

Tactic 2: Coordinate with other HEAL Partnership Work Groups to support their assessment and evaluation plans.

- Activity 1: Assign an Evaluation and Data Work Group member to each of the other HEAL Partnership Work Groups
- Activity 2: Determine other groups' metrics as well as metric appropriateness
- Activity 3: Determine consistent measures across HEAL Partnership Work Groups and populations
- *Responsible Individual/Group*: HEAL Partnership: Data & Evaluation Work Group

Tactic 3: Develop City-wide obesity surveillance system.

- *Responsible Individual/Group*: Department of Health (CHIP Coordinator; Epidemiologists)

Goal 2: Create city-wide obesity prevention campaign and support partner collaboration

Tactic 1: Conduct formative research within City/Region to determine social marketing strategy.

Activity 1: Conduct focus groups, distribute surveys, and test messages

Activity 2: Evaluate impact of social marketing and/or messaging

Activity 3: Identify baseline of attitudes and behavior towards healthy living

Responsible Individual/Groups: Social Marketing Work Group

Tactic 2: Identify partners who are willing to participate and contribute to social marketing strategy.

Activity 1: Identify beneficiaries of campaign and potential opposition

Activity 2: Engage with identified priority groups from Activity 1

Responsible Individual/Groups: Social Marketing Work Group

Tactic 3: Identify best practices in social messaging & marketing in similar markets to the City of St. Louis.

Activity 1: Identify similar markets to St. Louis

Activity 2: Research social marketing and messages that are done in markets identified in Activity 1 around obesity

Responsible Individual/Groups: Social Marketing Work Group

Tactic 4: Support and implement city-wide obesity reduction campaign (e.g., JumpN2Shape, Small Changes for Health).

Responsible Individual/Groups: Department of Health (Health Promotion), Social Marketing Work Group

Tactic 5: Regularly convene HEAL Partnership to collaborate on obesity-related activities and advocacy.

Responsible Individual/Groups: Department of Health (CHIP Coordinator), HEAL Partnership Chairs

Goal 3: Improve access to quality healthy eating opportunities

Tactic 1: Identify data for access to healthy foods

Activity 1: Identify existing national data on healthy eating access

Activity 1: Identify existing regional data on healthy eating access

Activity 1: Identify existing data from healthy eating programs in the City of St. Louis

Responsible Individual/Groups: Healthy Eating Work Group

Tactic 2: Collaborate with Evaluation & Data Work Group on evaluating and supplementing data identified in Tactic 1

Activity 1: Review data identified in Tactic 1

Activity 2: Determine area(s) in the City of St. Louis with higher level of need for improving access to healthy eating opportunities

Activity 3: Meet with Evaluation & Data Work Group to review results from Activity 1 and Activity 2 and create survey based on gaps in data

Responsible Individual/Groups: Healthy Eating Work Group

Tactic 3: Increase access to healthy eating opportunities through the healthy corner store project.

Responsible Individual/Groups: University of Missouri – Extension, Healthy Eating Work Group

Tactic 4: Support preconception, pregnancy, and breastfeeding programs and services

Responsible Individual/Groups: Maternal Child and Family Health Coalition, Department of Health (Women, Children, & Adolescent Health)

Goal 4: Improve access to quality active living opportunities

Tactic 1: Identify policy and environmental barriers to active living opportunities

Activity 1: Gather existing policy assessments on schools and recreation sites

Activity 2: Gather existing environmental assessments on parks, green spaces, and other places for active living opportunities (YMCA, schools)

Responsible Individual/Groups: Trailnet, Great Rivers Greenway, American Heart Association, Active Living Work Group

Tactic 2: Support existing and implement new worksite wellness programs

Responsible Individual/Groups: American Heart Association (Fit-Friendly Worksites), Active Living Work Group

Tactic 3: Increase quality of active transportation infrastructure (e.g., bike lanes, greenways, sidewalks)

Responsible Individual/Groups: Trailnet, Active Living Work Group

Tactic 4: Increase safety in neighborhoods

Activity 1: Create walking groups as neighborhood watches

Activity 1: Coordinated with Metropolitan Police Department to identify evidence-based approaches to increasing safety

Responsible Individual/Groups: Active Living Work Group

Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care

Tactic 1: Support, monitor, and expand health care providers and systems for uninsured and underinsured City residents

Activity 1: Create guide of providers with diabetes and obesity related services for uninsured/underinsured.

Tactic 2: Provide support and education to under-served populations to help them make informed decisions around locating and accessing health care providers

Activity 1: Explore implementation of Community Health Care Model

Tactic 3: Support Medicaid expansion at the community level

Activity 1: Identify methods to increase number of primary care physicians in the City

Activity 2: Support Affordable Care Act enrollment for City residents

Tactic 4: Develop corps of community health leaders/workers

Activity 1: Identify and connect with organizations using community health workers

Activity 2: Determine feasibility for model in the City of St. Louis

Responsible Individual/Groups: Regional Health Commission, St. Louis Integrated Health Network, Health Care Work Group

Appendix A: Partners and Organizations Working Towards Obesity Plan Goals

Obesity Plan Goal	Partner Name	Program(s)
Goal 1: Identify obesity baseline data, monitor, and evaluate Plan progress	Missouri Department of Health & Senior Services	Epidemiologists/ Missouri County-level Study
	Midwest Health Initiative	Data Collection Live Well STL
Goal 2: Create city-wide obesity prevention campaign and support partner collaboration	Clear Channel	Sista Strut
	Incite (Emmis Communications)	Small Changes for Health
	Institute of Public Health, Washington University in St. Louis	Center for Community Health & Partnerships
Goal 3 & 4: Improve access to quality healthy eating and active living opportunities	American Heart Association	Fit-Friendly Worksites Jump Rope for Heart Hoops for Health
	BJC Corporate Health Services	Bee Fit - Worksite Wellness
	Trailnet	Healthy, Active, & Vibrant Communities
	Confluence Academy (Alliance for a Healthier Generation)	Improve school nutrition
	Gateway Greening	Community Gardens
	Great River Greenways	Greenways, bike lanes, and non-motorized trails
	Hebert Hoover Boys & Girls Club	Sports, Fitness, and Recreation programming
	Midtown Catholic Charities	City Greens
	University of Missouri - Extension	Healthy Corner Store project
	YMCA of Greater St. Louis	Diabetes Prevention Program Fitness classes Nutrition classes
	International Institute	Global Farms
	HopeBUILD	Community Gardens
	Amateur Swing	Amateur Swing Golf Program
	Cardinals Care	Youth Baseball Fields
	Diabetes Coalition	Kick Diabetes
	Governor Nixon	Governor's 100 Missouri Miles
	Living Word Apostolic Church	Friends with a Better Plan
	Operation Food Search	No Kid Hungry

		Cooking Matters Operation Backpack
	SPP Production	Hip Hop Health Initiative
	St. Louis Area Business Health Coalition	EAT Project Healthy Hearts at Work
	St. Louis Dairy Council	National School Breakfast Week
	St. Louis Public Schools	Health & Wellness Council
	STL Food Factory	Cooking and Gardening Courses
	Sweet Potato Project	Summer Gardening Camp
	Midwest Dairy Council	Fuel Up to Play 360
Goal 5: Improve access to quality health care through reduction in the number of uninsured and increased use of preventative care	St. Louis Regional Health Commission	Gateway to Better Health
	Integrated Health Network	Community Referral Coordinator Program
	Maternal, Child, & Family Health Coalition	Healthy Start program
	Legal Services of Eastern MO	Advocates for Family Health Public Benefits Project
	Missouri Jobs with Justice	Expand Medicaid

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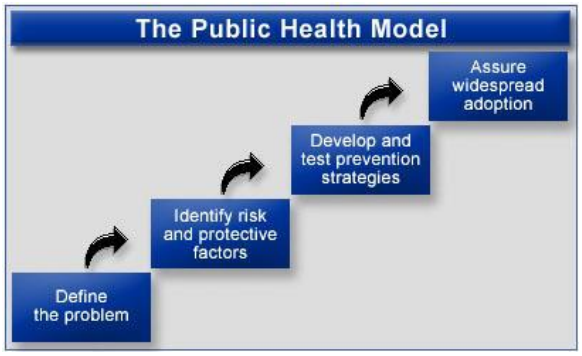
APPENDIX I
The Public Health Approach to Violence Prevention

APPENDIX: The Public Health Approach to Violence Prevention

The focus of public health is on the safety and well-being of entire populations. A unique aspect of the field is that it strives to provide services that benefit the largest number of people.
Public health draws on a science base that is multi-disciplinary. It relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics.[1] This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions across the globe.



The field also emphasizes input from diverse sectors including health, education, social services, justice, and policy.[1]Collective action on the part of these stakeholders can help in addressing problems like violence.

The public health approach is a four-step process that is rooted in the scientific method. It can be applied to violence and other health problems that affect populations.

Step 1: Define and Monitor the Problem

The first step in preventing violence is to understand the "who", "what", "when", "where" and "how" associated with it. Grasping the magnitude of the problem involves analyzing data such as the number of violence-related behaviors, injuries, and deaths. Data can demonstrate how frequently violence occurs, where it is occurs, trends, and who the victims and perpetrators are. These data can be obtained from police reports, medical examiner files, vital records, hospital charts, registries, population-based surveys, and other sources.

Step 2: Identify Risk and Protective Factors

It is not enough to know the magnitude of a public health problem. It is important to understand what factors protect people or put them at risk for experiencing or perpetrating violence. Why are risk and protective factors useful? They help identify where prevention efforts need to be focused.

Risk factors do not cause violence. The presence of a risk factor does not mean that a person will always experience violence. Victims are never responsible for the harm inflicted upon them.

- Risk Factor - Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.
- Protective Factor - Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence because it provides a buffer against risk.

Step 3: Develop and Test Prevention Strategies

Research data and findings from needs assessments, community surveys, stakeholder interviews, and focus groups are useful for designing prevention programs. Using these data and findings is known as an evidence-based approach to program planning. Once programs are implemented, they are evaluated rigorously to determine their effectiveness.

Step 4: Assure Widespread Adoption

Once prevention programs have been proven effective, they must be implemented and adopted more broadly. Communities are encouraged to implement evidence-based programs and to evaluate the program's success. Dissemination techniques to promote widespread adoption include training, networking, technical assistance, and evaluation.

Reference

[1.] Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1-56.

APPENDIX J
St. Louis Youth Violence Prevention Report